

THE ALKALOIDAL CLINIC.

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THE ALKALOIDAL CLINIC

A Monthly Journal Devoted to Accuracy in Therapeutics, with Practical Suggestions Relating to the Clinical Application of the Same.

EDITORIAL STAFF

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ADDRESS

THE ALKALOIDAL CLINIC,
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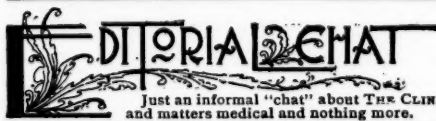
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Just an informal "chat" about THE CLINIC and matters medical and nothing more.

THE SUMMER COMPLAINT.

The unanimity and promptness with which our contributors have responded to our suggestion that in the present number they should write upon summer complaint, shows how important the subject is considered. The ground has been covered so well that none of the editorial staff has felt it necessary to add his own contribution.

The treatment, medicinal, dietetic and hygienic, has been fully discussed in a manner that shows the CLINIC writers to be practical clinicians, fully alive to the needs of their calling.

It may be noted that there are no distinctly new methods advocated. New things are only of value when they are distinctly better than the old; and the treatment of summer complaint is becoming crystallized, in attention to hygiene, intelligent dieting and the use of intestinal antiseptics. The germ theory has proved most valuable in furnishing an easy mode of explaining the dangers and the means of avoiding them. The only question now is as to the choice of an antiseptic, and here there is room for considerable latitude.

THE SULPHOCARBOLATES.

While the sulphocarbolate of zinc is alone mentioned by our writers, the other sulphocarbulates have a place. The zinc salt is the most astringent, and should be preferred when it is desirable to moderate the discharges. Very rarely it irritates the stomach, even when pure; though nearly all the instances of this that have been reported to me were due to the use of an impure salt. I find that this irritation may be prevented by giving the zinc in powders, with a little bismuth subnitrate and Lactopeptine or Peptenzyne.

Sodium sulphocarbolate is less astringent and less irritant. It is useful when acidity is present, when sodium carbonate, magnesia or chalk are to be added. Dr. Abbott is partial to the sodium salt and employs it largely. There seems to be no limit to the quantity that may be given with impunity. Out of thousands of cases in which I have given the sulphocarbulates, I have yet to see an instance of hemoglobinuria.

Calcium sulphocarbolate finds its place in the cases that need lime. Strumous, delicate children, in need of tissue-builders, do well upon this salt. Other calcium salts may be combined with it as indicated, such as the lactophosphate as a tissue-builder, the bromide to subdue restlessness and procure sleep, the iodide for scrofula and other cachectic states. In convalescence, also, the lime salt is to be preferred.

SALOL.

The cost of salol, the large doses necessary to secure intestinal antiseptics, and the occasional production of hemoglobinuria, are the objections to it. It is, however, a valuable antiseptic, theoretically preferable because it passes unchanged into the duodenum, where it is decomposed into salicylic and carbolic acids. It is especially valuable if there should be present rheumatism, gout, or uricemia; or irritability of the bladder, especially when due to the presence of bacteria in the urine. The minimum daily dose for an adult is twenty grains.

GUAIACOL CARBONATE.

This is one of the newer antiseptics, coming into vogue through Woodbridge's advocacy of its employment in typhoid fever. In the trials I have given it I have found it a useful antiseptic, especially in tuberculosis; but in summer complaint have found it inferior to the older remedies.

COPPER ARSENITE.

In this agent we have all a personal interest, because its use is due to Dr. Aulde, with whom the whole CLINIC brotherhood claims affiliation. The arsenite of copper is especially active in the duodenum, as is shown by Dr. Bacon, who describes the use of this drug so well that no addition is necessary.

RESORCIN.

This is valuable from its combination of three distinct properties. It is astringent,

antipyretic and antiseptic. Hence its use is indicated in cases characterized by free discharges, fever and intestinal sepsis. Resorcin is also a powerful anti-rheumatic, and this is sometimes of importance, when rheumatic symptoms are present with bowel disorders. Resorcin is not difficult of administration. I usually prescribe a granule every quarter-hour at first, gradually reducing the dose to one after each stool, when the fecal discharges have lost their fetid odor.

OTHER ANTISEPTICS.

The limited trials I have made of benzo-sol have been quite favorable to it.

Benzonaphthol has suited one adult case of intestinal sepsis with uricemia admirably; keeping the bowels open and aseptic.

Beta and alpha naphthols are not so unpleasant to any one who can swallow a granule. My earlier trials showed that the stomach became irritated before intestinal antiseptics was secured, but the salts must be furnished in a purer condition now, as I note much less irritation from them. I usually look upon antiseptics as practically secured when the stools have become inodorous, but this requires less of any drug than Bouchard's test requires. This consists in the addition of salicylate of bismuth, about seven grains daily. If decomposition is going on in the alimentary canal, the bismuth salt will be broken up and bismuth sulphide formed, by which the stools will be blackened. The insolubility of the naphthols renders them suitable for affections of the lower bowel, such as entero-colitis or dysentery; but these can be most efficiently reached by enemas of hot water, or of silver nitrate solutions, containing one grain in eight ounces of water. I prefer this to stronger solutions.

GREEN DIARRHEA.

Why is it that Hayem's suggestion of lactic acid for green diarrhea is not mentioned more frequently? Is it that this

affection is rare here, or that we have better remedies? I judge the latter explanation is near the truth.

Hayem claims that green diarrhea of infants is due to a specific microbe and is contagious. He isolates the child affected, has the stools disinfected promptly, and gives lactic acid, from one minim upward, in sweetened water. I have found the treatment efficient, but not an improvement upon my former treatment.

OLD REMEDIES.

What of the old stand-bys of our grandfathers? Opiates are strictly to be restricted to their one indication, to restrain excited peristalsis. A granule of modified Dover's powder represents the most efficient and least objectionable form, and the very small dose that is alone permissible.

Mercury with chalk is the best of its class, and one-fourth of a grain every two to four hours is indicated for light, fetid, acholic stools, in summer complaint as elsewhere.

The vegetable astringents may be of use in the later stages, when the discharges are still copious from relaxation.

But the recollections of the years spent in bungling over these ineffective weapons before the intestinal antiseptics came into my hands have inspired me with such a disgust for the antediluvian methods that I scarcely ever touch them. Brucine is a better toner of relaxed membranes; and in the inflammatory states minute doses of aconitine or veratrine accomplish the objects we have in view better than the castor oil mixture ever did.

But I still cling to the neutral cordial, employing it from the start in all cases of summer complaint in adults and children, except choleraic forms. The formula is: Sodium carbonate, one drachm; wine of ipecac, one drachm; tincture of hydrastis, four to six drachms; and aromatic syrup of rhubarb, sufficient to make four ounces. Of this, a teaspoonful to a tablespoonful

should be given every two to four hours. The antiseptics may be added to it as indicated.

THE CHOLERAS.

Do not waste time, but if collapse is present, give the sulphocarbolates in full doses, gr. 1-4 to 2, to an infant, and repeat every quarter to one hour, until the stomach is quieted and the bowels under control.

But if collapse is present, reaction must be brought about by heat externally, hot rectal enemas, and a hot stimulant like the following: Oil of cloves, chloroform, camphor, of each, one drachm; tincture of capsicum, tincture of ginger, of each, three drachms; ether, one ounce. Direction: From five drops for an infant up to a teaspoonful for an adult, every ten minutes until reaction has been established.

For a child the mixture must be diluted; but for an adult it is best to give the remedy in its full strength. Yes, it will remind him of a torchlight procession with a full display of fireworks going down his throat. But when life is assailed thus rudely, when the citadel is assaulted, a sudden and powerful effort is necessary, and the above formula fulfils the indication. It is an exemplification of the Hindoo axiom, that if you can bring tears to the patient's eyes he is saved.

This lusty, vigorous, athletic warfare against disease is necessary, at times, to rescue our delicately scientific practice from the charge of degenerating into asthenia. There is nothing effeminate about the dosimetrist. He is ready to knock down a husky ruffian if need be.

The hypodermic injection of atropine is another method of treating choleraic collapse, that should not be forgotten. And Harkin's method of applying counter-irritation over the right pneumogastric nerve in the neck is another way of accomplishing the same object. Sangree found that the application of ice gave equally good results.

OUR SUBURBAN NEIGHBORS.

Now and then the busy editor finds time to glance through the mass of exchanges that towers high above his head on the desk at which he writes. If the CLINIC only published 200 pages each month we might give you the gist of the good things appearing in the pages of our bright contemporaries. But an editor's duties are largely confined to deciding what not to print, and we cannot leave good matter from our own people go to waste while we reprint from others.

What fine work that young Norbury is doing in the *Medical Fortnightly*. His editorial notes are always interesting, clean and scholarly; forcible and yet never abusive.

And Love always fills the *Mirror* with his own buoyant personality, fearless and frank to an extreme, the type of that bright optimism that always attracts warm personal friendship.

Lanphear is still conducting his warfare, and most successfully, against the fifty-cent hospitals. He has earned the liberal support of the profession and ought to have it.

And how strongly has the editorial department of the *Brief* developed. Dr. Lawrence never believes a thing a little bit, and his strong views are expressed with a scholarly diction that could not be bettered.

One would think that with such a galaxy of editorial talent the field in St. Louis would be pretty well filled, yet the absence of Ball and his *Tri-State Journal* would leave a very perceptible gap.

We miss Frank James and his little microscope. Is he still alive, or has he not detected the CLINIC on his exchange table?

SUNSTROKE.

How the world slowly imbibes useful knowledge, and awakes to the perception of truth. Who thinks of the older remedies for sunstroke, when ice or cold

water is obtainable. When a man has a temperature of 112° , it is not worth while to wait for the slow action of drugs. The human brain will not long withstand such a temperature and the only thing capable of reducing it in time to save the delicate cerebral structures from irreparable injury is cold. Ice or cold water should be applied to the head and chest; the body stripped and sluiced with cold water, enemata of ice-water given, and the body rubbed with ice.

Far different is the management of the much more common affection, heat-exhaustion, when the patient faints from over-sweating. Here the pulse is feeble and the temperature may be subnormal. A hypodermic of atropine, strychnine, alcohol or ether, is the speediest remedy, or the handiest stimulant by the mouth. Alcohol, cologne, bay-rum, camphor, ammonia, capsicum, ginger, any volatile oil, any of these may be used to restore the patient to consciousness. Mustard or any form of heat is to be applied externally, and hot coffee or other stimulants thrown into the rectum. The head should be lowered and the clothing loosened about the neck and chest.

The after-treatment differs also. It is rare for a man to recover perfectly after true sunstroke. The brain has received a shock that permanently disorders its structure or functions. He should be at once placed where he can be kept cool, and the brain kept at rest as absolutely as possible. A year is not too long a time to allow for restoration; and if this is well-spent he may be able to resume his occupation. But in many cases it is advisable that he should follow the snow-line north every spring, and never again expose himself to a temperature approaching the nineties.

The pathology of heat-exhaustion is traceable to vaso-motor paresis. This allows free sweating and consequent loss of salt, with uncontrollable thirst. Begin at the beginning and seal up the leaky

skin by means of small doses of atropine or, better, of hyoscyamine, with brucine. One granule of each should be taken every hour until the physiological effects are manifest, and these are to be kept up all day. Only slight perspiration is to be allowed. Thirst is to be restrained by sucking a lemon, or by holding a bit of lemon-peel or chewing-gum in the mouth. The diet should be highly nutritious, with little fluid and that only after the meals. Over-exertion and exposure to the heat must be avoided. The weight can be rapidly reduced by the dry diet, and corresponding comfort secured.

INTESTINAL ANTISEPTIC (W-A).

It is evident that some form of intestinal antiseptic for general application is required. We have been for a long time experimenting upon this matter, and have settled upon the combination entitled the "Waugh - Abbott Intestinal Antiseptic." In this we have availed ourselves of the valuable properties of the sulphocarbates, with such synergists and correctives as the year's experimentation has shown to be desirable. The combination will be found well worthy of our recommendation, as efficient, unirritant, harmless and not unpleasant to the palate. Try it and let us know if it does not deserve a place with Burggraave's Dosimetric Trinity, Abbott's Defervescent Compound, Buckley's Uterine Tonic, Waugh's Laxative, Anodyne for Infants, etc., as a standard combination.

SELLING PRACTICES.

Practices are rarely sold in this country, on account of the difficulty in delivering the goods. Dr. Herrick, of Lynn, Mass., has just had an illustration of this. He bought the practice of another physician, who agreed not to practice again in Lynn as long as Herrick remained there. But the seller returned to a neighboring town and endeavored to reclaim his Lynn

patients. The Superior Court has enjoined him, however, and Dr Herrick is so far secured in possession of the property for which he paid.

But it is my belief that this decision will not stand; for it has been held by other courts that a man cannot by sale deprive himself of the right to earn his own living; and if this is only through the practice of medicine in the community where he is known, the law will not recognize such an agreement as would compel him to starve in order to fulfil it.

The best arrangement is one that gives the doctor one-half the proceeds of his successor's work for a year. Though this requires honesty on the part of the successor, the seller may recoup himself by returning to his old field of practice if he wishes.

A NATIONAL SANATORIUM.

A White City for consumptives is one of those great ideas that come as an inspiration. A great settlement for tubercular cases in the region best adapted to them, in the southwestern section. The land should be set apart by the government, and perhaps assigned in sections to the States. Really, civilization seems to be approaching.

Meanwhile we need just now a sanatorium for city children who ought to be in the country during the summer.

THE COUNTRY DOCTOR.

How little men use their brains. The best buyers of really good things are the country doctors, who must have them at hand. City men do not keep their own drugs, and forget the novelties. They never look at the advertising pages of the journal, while the country practitioner goes carefully over every page, to see if there is any new thing he ought to have. And yet the manufacturer pours his money into the city journals, and wearies the city

doctor beyond endurance with his canvassers, and neglects his best field. It does not pay to canvass the country doctor; the cost of each visit is greater than the profit on his trade. But the journals that go to him are worth far more for each subscriber than are the city journals.

THE OSTEOPATHS' BILL.

In the name of every legal practitioner in Illinois we tender Governor Tanner our thanks for vetoing the osteopaths' bill. This extraordinary instrument provided that (1) the practice of osteopathy was not the practice of medicine, and hence the graduates of the "bone-setter's" institution were relieved from the supervision of our State Board of Health; (2) further, that the aforesaid graduates were authorized to practice medicine according to the Kirksville system.

No comment is needed. It has been said that the bill was backed by certain financial institutions whose funds were loaned upon stock of the Kirksville college; but we do not vouch for the truth of this statement. The fate of the bank for whose wrecking by this method a certain advertising hernia specialist is now in jail, should warn banks against lending their funds to uphold quackery.

"WHITHER ARE WE DRIFTING?"

A correspondent writes that one of the most serious objections to the use of alkaloidal granules is the difficulty of persuading the patient that the regular profession is not rapidly drifting into homœopathy. If by that term the patient means that the regular profession is following the homœopathist's lead in devising means of rendering the medicines palatable, we are tempted to say: "Let her drift." It is high time for a move of that sort. But if the meaning is that our practice is becoming emasculated by placing palatability before efficiency, that is a serious objection.

Even if untrue, it is not judicious to let such an impression go abroad.

A certain amount of judgment in the stage-setting is essential to the doctor's success; and he who does not appreciate this fact will never be very successful. An old doctor of my acquaintance who dealt in infinitesimals was told one day that the glass in which he had put his medicine had broken. He at once apologized for his carelessness in not having told them that the husky decillionth of silica would break the glass, and called for a tea-cup; leaving the family duly impressed with the awful power of the tasteless, odorless, little mystery he administered.

So, in dealing with patients it is well to give them the impression that there is really something in the little granules that is not homœopathic. A granule of brucine to be chewed, or one of glonoin, will usually correct this impression; if not, a granule of apomorphine, every five minutes, will remove the last vestige of a suspicion of inefficiency from the patient's mind.

NUCLEIN IN LEUKAEMIA.

We were recently asked regarding the treatment of the above-named condition with nuclein, and referring the matter to Dr. Aulde of Philadelphia, the best known authority upon this subject, we received the following addressed to the inquirer:

"I beg to say that I have never treated with Nuclein Solution a distinctly marked case of leukemia, although during the past four years a number of cases simulating that peculiar malady have come under my observation. My impression is, however, that this remedy would be indicated on strictly physiological grounds, the effort of nature being clearly to rid the system of some objectionable material by the greatly increased number of white blood-corpuscles. In such instances, as we well know, the vitality of the organism is reduced, and, consequently, there is a lack of the nutritive pabulum requisite to enable the white corpuscles to perform their normal func-

tions. What else, then, does nature do but increase the number? By introducing into the system this product, we aid in restoring the functional activity of these bodies, of supplying them with needed pabulum, thus increasing the resistance of the cellular structures of the body.

In the pamphlet entitled, "All About Nuclein," you will find several classes of glandular enlargement reported by Dr. Knapp, which may be of some service to you in deciding upon the advisability of prescribing this product. I would recommend full doses three times a day, together with weekly examinations of the blood, and believe you will find decided benefits from its administration, and would be pleased to learn from you the results of treatment."

The pamphlet, "All About Nuclein," referred to above, is for general distribution, and those interested not having received a copy, will be furnished one by addressing The Abbott Alkaloidal Co., selling agents for Aulde's Nuclein.

THE DOCTOR'S WINDOW.

Ina Russell Warren has compiled a collection of poems anent the doctor, entitled: "The Doctor's Window," which is being published by Moulton. It will be a good book for the table of the waiting-room.

MODERN CONVENIENCES IN ADMINISTERING MEDICINE.

Under the above caption Dr. Seiple (*L. V. Med. Mag.*), says:

"The various plant drugs exert certain actions upon the system. Why? On account of chemic compounds contained in the plants termed their active principles. Most of them are alkaloids, while a few are resinoids and glucosides. The remaining portions of the plant consist of wood fiber, coloring matter and extractives, which hinder the absorption of the active principle or prove irritating to the economy without corresponding benefit. Many plants contain more than one active ingredient, each with its own physiologic action, and often with mutually antagonistic

effects. To give these together without regard to their respective individual indications, is manifestly blind therapeutics. We have, then, as a result of the chemic revelation of these various active principles, a method of selecting them for exclusive use in medicines known as the alkaloidal or active principle medication. It is not a new system of therapeutics for a new school of medicine, but only a more accurate mode of administering our already well-known drugs. The first general principle of this method of treatment is that the physician shall determine from the prevailing symptoms present what drug or drugs shall be required, and that he shall give only those positively indicated. If he should give opium he would be giving at least a dozen different active drugs. He should determine just which one of the several active principles of opium is required, and give that only.

"The second general principle is, that when the remedy or remedies are selected they should not be given in the full, maximum dose. You cannot tell what is each individual's dose, nor what is the dose for the same individual under different conditions or in different ailments. The remedies should be administered in small doses—frequently repeated—until the desired physiologic action is secured. Thus it will take to reduce a fever a quarter of the normal amount in one patient and three or four times the normal amount in another. According to the "full dose" method one man gets four times as much of the drug as is necessary, and the other one not nearly enough. According to the new idea you give the small dose, repeated every quarter hour to every hour until the desired change is made in the condition of the patient, then at longer intervals just enough to maintain that condition. Thus the yielding, susceptible patient is never poisoned, and you never stop giving the remedy until you have given enough even to the most resisting patient.

"In addition to the active principles of plant drugs, we make use of inorganic remedies, metals, metalloids, etc., in the same manner. The dosage is not homeopathic either in size or in the therapeutic indications. I will indicate to you some of the drugs which I have been using in this manner, together with the amount in one pill or granule, which must be repeated

several times for the full dose, or several given at one time if the older idea of dosage be preferred. Aconitine, gr. 1-300; strychnine arseniate, gr. 1-134; calcum sulphide, gr. 1-6; apocynin, gr. 1-12; codeine sulphate; gr. 1-67 or 1-12; quinine hydroferricyanid, gr. 1-67; camphor monobromate, gr. 1-6; digitalin amorphous, gr. 1-67; brucine, gr. 1-134, and others.

"My sheet-anchor in fever contains aconitine, gr. 1-500, digitalin amorphous, gr. 1-250 and veratrine sulph., gr. 1-250. They should be given every quarter of an hour, every half-hour, or every hour, according to the severity of the disease, and should be continued until their effect (profuse sweats) is produced, then gradually withdrawn.

"Many fevers at their outset, and most fevers after a considerable course, are accompanied by great debility and asthenia. In this case the veratrine should be withdrawn and strychnine and phosphorus substituted. In all fevers there is soon more or less intestinal poisoning by absorption. This should be prevented by the daily administration of a mild saline laxative.

"Dr. Burggraave says: 'In diphtheria, and all the zymotic and eruptive fevers, there will be recognized a distinct disease-germ or poison.' This should always be combated by the use of very minute doses of calomel, gr. 1-12, three to six times a day, and the free use of calcium sulphide, the great germ destroyer and blood purifier, about 1-12 grain every hour.

"It will be impossible in the course of a brief paper like this to give the method in full. The best way for one to take it up is to get a few of these medicines—say those for the control of fever first—and by studying and administering them according to the already known common-sense indications for them, gradually become master of them; then add one or two more remedies, until finally he can do a considerable portion of his practice with these various active principles.

"The great advantages of the method are:

First, safety. You do not administer poisonous doses.

Second, efficiency. You soon get so that you can absolutely depend upon the results you are to get.

Third, neatness and convenience. No

liquids, or other nasty drugs, to carry or dispense.

Fourth, prompt administration and quick effects. You do not wait for a prescription at the drug store, and the alkaloids are absorbed much more quickly than the crude drugs.

Fifth, economy. The granules cost very little compared with the same number of doses from the drug store.

Sixth, ease of administration. Children can take them easily,

Seventh, portability. You can carry around with you in a neat pocket case a full selection of most used drugs, and in a vest-pocket case an emergency list of twelve.

"These granules were first introduced by Dr. Burggraave, and made in Paris, France, whence they are imported. It is not necessary to depend upon the imported granules as they are now manufactured in this country."

A more rational paper was never written on this subject. We commend it heartily.

AMERICAN MEDICAL COLLEGE OF INDIANAPOLIS.

There is trouble in this institution and six of the faculty have resigned, from dissatisfaction with the business management. The college was designed to coalesce all the medical sects.

ANOTHER "BOGUS" COLLEGE.

A correspondent encloses us the following advertisement, clipped from the *Detroit Free Press*:

HOW TO BECOME lawful physicians; home course. Independent Medical College, Chicago.

One of these institutions has just been squelched by the post-office authorities. We would suggest to the State Board of Health that the "Independent," is deserving of their attention.

WAUGH'S BOOK IS READY.

We regret the delay, but it has enabled the writer to embody some very recent matter of great importance, and to thus enhance the value of the work.

LEADING ARTICLES

We solicit papers for this department from all our readers. They should be on Topics kindred to the scope of THE CLINIC, and not too long.

Contributors to this department are requested to furnish us with a recent photograph.

SOME INTESTINAL DERANGEMENTS OF CHILDHOOD.

By C. E. Ide, M. D.

“DOCTOR” does not mean a dispenser of drugs. It is by interpretation “teacher.” It is the doctor’s mission to teach his people so to order their lives that they may maintain a state of health with the use of a minimum of medicine. If we would lessen the occurrence of intestinal derangements we must teach our patients how to live and care for their children, more especially in hot weather. It is absurd for people to believe that they can follow the same mode of life and diet in hot weather as in winter without suffering. Americans are the only people who attempt to wear the same clothing, eat the same food, and do the same amount of work in the excessive summer heat as they do at other times. We should learn to rest during the hottest hours, as do other peoples, and to wear clothing suited to the temperature, and allowing of more than the ordinary loss of heat by radiation and conduction. Have the entire body covered with thin woolen material, and the remainder of the clothing light and not cumbersome. Shorten the dresses and let the babies kick and coo and survive the hot season. When the hot nights come have the coverlets light enough, even nothing but a sheet thrown loosely over the crib, so that it will not touch the child at all. Above all have every child sleep alone from the hour of its birth.

I am very strongly opposed to the general use of the belly band. It is a therapeutic appliance, to be applied only in

selected cases where support is needed, as in rachitis. Many a baby’s bowels have struggled against excessive pressure of a “belly band” until they were ready to give up in desperation and become paretic.

There are many causes of intestinal derangements. Most of these are well-known by all, but many yet remain unknown and unrecognized. Prophylaxis is the watchword in these disturbances and the attack of diarrhea or constipation or “cholera,” should be anticipated. We will consider some of the more remote and unusual causes and complications, their recognition and treatment.

In the new-born child the length of the sigmoid flexure, as compared with the length of the whole intestine, is excessive. So long is it that it is often bent upon itself once or twice or even thrice. It is also so often found upon the right side that surgeons operate upon the right side to obtain an artificial anus opening into the sigmoid flexure. This condition was recognized and described by Professor Jacobi more than thirty years ago, but it has not been sufficiently noted.

The result of this condition is often a development of “congenital constipation.” This condition unless relieved persists until the fifth or seventh year, when the development of the other parts of the colon has advanced sufficiently to make the length of the sigmoid proportionately normal. Now an infantile “diarrhea” developing during the hot weather is often nothing but the sequel or result of a congenital constipation which has existed for some time, but has not given any serious symptoms. Unless mothers are taught by their physicians they will not know definitely just what sort of movements to expect, and how much and how often. Many a constipation of this character goes on unnoticed until the feces have putrefied, distended and paralyzed the bowel, at last precipitating a sudden attack of so-called infantile diarrhea or summer cholera. If

the condition is not recognized and paregoric or other opiates are administered, the condition is but rendered more desperate and the physician is mystified; while one or two rectal injections a day, given with a catheter, passed high up into the bowel, and a fountain syringe, will be all the local treatment required. These should be continued until the age of five or seven years if necessary. Sometimes it is necessary at the start to administer an anesthetic, dilate the sphincter ani and clean out the hardened feces that distend the rectum. Such constitutional treatment as indicated should, of course, be coupled with other treatment.

On March 25, 1896, I was called to Muriel C., aged six months. I found a child emaciated in the extreme, having infrequent and scanty movements from the bowels, obtained by injections with a small "infant syringe." This held but one ounce and was emptied into the bowel but once or twice on each occasion. Each time the bowels attempted to move there was prolapse of the bowel, sometimes to the extent of two inches. There was also tenesmus and the passage of mucus.

I learned that the moment the child was born the nurse (?) took it to a cool kitchen and worked over it to remove the *vernix caseosa* until the child was blue. There being no milk in the mother's breasts the doctor (?) ordered oatmeal water.

The child failed steadily, but the parents were informed that she would get all right in time. The baby then passed through the hands of two more physicians, one a homeopathist and the other a devotee of orificial surgery. The latter confined his treatment to the inserting into the child's rectum of a hard rubber plug, the size of which in comparison to the child's size was enormous. When the child fell into my hands I found it a case of congenital constipation from excessive length of the sigmoid flexure. High lavage of the lower bowel was ordered twice a day, with

listesine and copper arsenite. For general treatment phosphorated oil and strychnine sulphate were ordered. The child improved and did very well until the hotter weather came on, when the stools became green and offensive, there being much mucus and flecks of blood. Here, then, was a case of congenital constipation complicated by chronic colitis, which by maltreatment had been brought so low that it was impossible to save the child. Cerebral symptoms developed and the child died in coma.

Another condition which leads up to gastro-intestinal catarrh, with vomiting and diarrhea, or constipation, is rachitis. This is not simply a disease of the bones, it means also faulty or insufficient development of the muscular and even of the nervous system. In many cases rickets begins with insufficient muscular development, and is unnoted until the more prominent symptoms manifest themselves.

The insufficient development of the muscular layer of the bowels results in inactivity of this layer. The feces lie in the bowels, putrefying and distending them. Diarrhea and vomiting come on. The abdomen is large and soft, the veins over the abdomen large, and there is tympanites. Gas is formed in the intestine from imperfect digestion, and is retained there because the muscular layers are not sufficiently developed to expel it. The abdominal walls are flabby and so give no assistance to the bowels. When the hot weather comes on such children easily succumb to the combined effects of heat and auto-intoxication.

Insufficient and faulty diet and nutrition are powerful, causative factors in rickets; and so treating these cases we should think of improved diet, after stopping all feeding for twenty-four hours if necessary. The diet should be simple, uniform and not too abundant. For instance, a child four years of age could have beef or mutton once a day, one egg, in any form except

not hard, a pint to a quart of boiled milk, some barley, if diarrhea exists, or oatmeal if there be constipation, or rice or farina with the milk. This is enough unless we add fruit, especially if boiled. A piece of orange in the morning or after meals is good. Massage and frictions with oil over the abdomen are important. Electricity will do good; as well as strychnine sulphate, gr. 1-100, t.i.d., and something to combat the tendency to fermentation, as resorcin or salol, with subnitrate of bismuth. If there is a tendency to diarrhea, we can add some prepared chalk; if constipation exists calcined magnesia can be given.

Improper feeding and overfeeding are common causes of "summer complaint" in children and adults, as when the casein of improperly prepared cow's milk irritates the bowels, and also when farinaceous food is given to children exclusively or in too large quantities.

We can consider weaning under this head. When a physician assumes charge of a new-born baby he should avoid weaning during the hot weather or permitting nursing to go on too long. It is far better to wean a baby at the age of nine months in the spring, so as to have its diet well settled and arranged before the hot weather is upon it, than to wean during hot weather or permit the mother to nurse her child for an excessively long period.

Many a baby suffers in the hot weather from intestinal derangements simply because it has been surfeited with opium in the form of paregoric, or other narcotic, administered for the relief of "belly-ache."

"Belly-ache" is almost always a sub-acute or chronic peritonitis, and demands some treatment outside of paregoric, aniseed tea, etc. The peritonitis, with exudation into the walls of the bowels, results in paresis of the bowels. So also with an enteritis. Chronic constipation follows with fermentation, green, fetid stools, more

paresis, auto-intoxication and then an acute attack with diarrhea and vomiting.

There is a class of cases with a history of chronic diarrhea, extending over a long time, with tenesmus and the passage of blood and mucus, in which we find on examination a weakened sphincter ani and ulceration of the rectum. This, if it continues long enough travels up the bowel, and it is fairly common to find a stricture of the rectum in such cases. The stools in these cases are fluid, with mucus and blood if the lower end of the colon alone is involved, molasses-like if the upper colon is involved, with a very offensive odor. The examining finger finds the rectum roughened, with sometimes a stricture where the rectum joins the sigmoid flexure. Above the stricture the gut is dilated. These are cases of dysentery, becoming chronic and resulting in ulceration. The strictures are formed by cicatrization of the ulcers.

How shall we treat internal ulcers? If they were external we would keep them clean and make applications as frequently as seemed advisable. We would wash them several times a day and then apply astringents or antiseptics in some form. This we should do with internal ulcers as far as possible. The bowel should be flushed at least twice a day, with warm normal salt solution, with subnitrate of bismuth added. Now and then one part of thymol to two thousand parts of the salt solution could be used.

Nitrate of silver, although it has been recommended for the treatment of this condition, should not be used; for it produces severe tenesmus and pain at the anus. Nor can we be sure of neutralizing the nitrate of silver with salt solution.

This treatment should be continued for a long time until recovery is complete. As the solution with which we flush the colon may not reach the ulcers at its upper end, we should administer by the mouth such remedies as will not dissolve in the

stomach. Salol is soluble only in the alkaline pancreatic juice, and a part of it is swept down into the large intestine. Bismuth subnitrate does not dissolve in the stomach. From half a drachm to two drachms can be given in twenty-four hours. It is well sometimes to give opium to relieve intestinal irritation.

If a stricture of the rectum exists, it should be gradually and gently dilated.

One other class of cases is that in which intestinal derangement follows a chilling of the surface of the body. I consider it reprehensible for people to put short socks on their children's feet and expose their knees and calves to the wind until they are blue. Babies should wear stockings which reach to the groin and pin to the diaper. Older children should wear underdrawers.

Last summer I spent two months in the Adirondacks where the average temperature was 70° or below, excepting on a few days. People who came from New York city, occupying twenty-four hours for the trip, often found the temperature 40° lower than on leaving home. Unless prepared by former experience they continued to wear the same clothing. Most of them were taken with severe enteritis, with high temperature and pain. No treatment succeeded permanently unless woollens were worn, at least around the abdomen. I advised the use of the Jæger abdominal bandages, and this generally rendered the results of treatment permanent.

This was not sufficient in all cases, as some were obliged to wear complete woollen underwear. The attacks came on so soon after arrival that they could not be attributed to change in diet or water.

In the treatment of intestinal troubles in general, stress should be laid upon complete emptying of the bowels, with calomel and salines; second, upon withholding all food for a longer or shorter time, as conditions indicate; thirdly, upon gradual resumption of regular diet; fourthly, upon

the importance of flushing the bowels to rid them of all poisonous substances; fifthly, upon maintaining asepsis of the bowels. The loss of many a little life can be laid at the door of him who administers opium or other anodynes while neglecting to secure a thorough emptying of the bowels.

226 Peabody St., Buffalo, N. Y:

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Dr. Ide's excellent paper contains a good deal of food for thought. The relation of rickets to enteritis is an important topic. I have found rickets usually preceded by diarrhea, and this of the lenteric form, the food being ejected undigested. The ordinary laxatives, astringents and anodynes only make it worse; but full doses of such digestants as peptenzyme give prompt relief. The lactophosphate of lime is also a most useful reconstructive, and should be given for months, in doses of three to ten grains daily. Of late I have been adding the sulphocarbonate of calcium to this, and in nearly all the conditions mentioned by Dr. Ide I like it better than any other antiseptic he mentions. A child one year old can take from one to six grains a day with impunity. But in fever, substitute resorcin. And I want to ask those who have used the sulphocarbo-lates if they would have lost Muriel? How about this, Dr. Case?—ED.

THE IMPORTANCE AND GOOD RESULTS OF CIRCUMCISION.

By Mark O'Daniel, M. D.

Late Assistant Physician Georgia Insane Asylum;
Vice-President Georgia Medical Association;
Member Macon Medical Society.

SINCE the CLINIC desires something on circumcision, and being a strong advocate of the operation, as a matter of hygiene as well as for the prevention and relief of reflex neuroses, I herewith offer you briefly my views and a case or two illustrating my reasons.

The operation is simple as well as harmless, if cautiously and aseptically performed; although I have noticed some unpleasant results, and even death, from it.

On this account some I presume fail to perform it; also upon the ground that it deprives the glans of that highly sensitive condition which they think should be preserved for nature's cause and reason.

Granting truth in these arguments, they are but frail and weak reasons in so important an operation as circumcision, which should be done in the majority of all subjects.

For the sake of cleanliness and hygiene alone, I regard it as justifiable. In the warm season the person with a long, tight prepuce undergoes no little amount of annoyance and trouble from the irritation of the glans penis, by the retention of foul secretions necessarily held underneath and behind the coronas.

The Jews, who are perhaps the healthiest of all classes in this particular line, remove the foreskin always on the ninth day of the Jewish baby's life. And show me a class of people who suffer less from venereal diseases, of all kinds, than the Jews. Were the Gentile race to adopt such a religious rite, there would be far less suffering in their race from the cradle to the grave, and the per capita of the insane asylum lessened and there would be fewer so called epileptics and masturbators throughout the country.

I have noticed in small babes and children distressing troubles from long prepuces, irritating eruptions, acnes, etc., which could not and would not succumb to any medication save the operation, being purely reflex neuroses, and which quickly recover so soon as the simple surgery is done.

The susceptibility to chancroid and gonorrhea is beyond question greater where men have these redundant pouches, that serve as garbage boxes for all that is unclean, contagious and infectious in the

venereal category. We often have to do circumcision to treat these diseases, running the risk of infecting the fresh surfaces, whereas the simple use of a pair of Jewish scissors, and a bit of styptic cotton on the ninth day would have avoided all.

In the case of a baby boy, nine months of age, thin, fair skin, of nervous temperament, in the early summer the child began to complain, fret, and could not be induced to sleep. His mother noticed his long prepuce, and the excessive irritation there, but did not realize that the condition of her child was due thereto, as well as the eruption of acne over his body that so annoyed him. Again, the prepuce being so small at the end, the urine would produce a pouch, and slowly dribble away, the opening being too small to admit of a flow however small. I did a circumcision in the usual way.

For children, I usually use a grooved director and bistoury, inserted back to the corona, and cut from above outward, paring the edges and simply dressing with styptic cotton and a bandage, using no sutures; or else I make a circular cut with scissors, trim away the mucous membrane and dress as stated.

In this instance I thought best to use small catgut sutures. Upon the fifth day they were removed, and the operation was all that could be asked for. The nervous irritation ceased, the eruption quickly disappeared and the child is a happy, sturdy little fellow.

Case 2. Child eleven years old, of rickety, neurotic diathesis. During the period of dentition he became nervous and had a number of spasms. It was easy to throw him into a spasm from the least excitement or fever. The child was backward to crawl, stand alone, etc., and walked only with assistance for quite a long while. Finally, when several years old, his limbs became peculiarly affected—and he could not use them well. From non-use they began to waste. The family phy-

sician thought this was due to a rickety tendency, and finally concluded that it was paralysis and so treated him.

Upon examination, a long, tight, partially phimosed prepuce was found, irritated, and upon forcing it partially back the accumulation usually found in such conditions was presented.

I advised circumcision, and did it, in the usual manner, and placed the boy upon nutritive- tonic treatment. He began to recover rapidly, and in the course of a few months became a strong, healthy boy, though delicate looking, which was probably his characteristic.

The whole trouble from beginning to end was reflex, and could have been avoided had he been circumcised when a babe.

In a third instance a young man, nineteen years old, effeminate, of rather nervous temperament, quick, bright, and very intelligent, a leader in his college class, when quite a lad suffered with irritation of the prepuce and bladder. He could not hold his urine, and would void it in his sleep when in his teens.

A physician treated him with but little good result. Later, he began to have frequent erections, which being irritative annoyed him no little. Surely he did not have the erection from any sexual desire or passion but simply from irritation, as the boy-babe would have a morning erection from pressure-irritation, the desire to empty the bladder.

This continued, and in handling an emission occurred, soothed the irritation for the time and thus allowed him relief and comfort. And without knowledge of the danger thereof he went on as a matter of relief and was soon a masturbator. He stated that he did not indulge often, but occasionally; however, sufficiently often to impair his health and cause his nervous system to clamor and finally his reason was dethroned.

He was taken home and placed under his family physician, thinking that overstudy

was the cause and that rest and a sedative treatment would restore him. This was given without good result, and the boy was excitable, entertaining all sorts of hallucinations, delusions, and wild vagaries, common to a distempered mind. He was then weak and exhausted from constant mental and muscular excitement.

I was at this period consulted, and upon hearing the history from the father and the physician, and examining the young man cautiously, I determined that the prepuce and the irritation accompanying were the causes of his condition, and advised circumcision as the remedy, his trouble being of reflex nervous action. We accordingly operated.

Upon the 8th day, when the catgut was removed, I desired yet to keep the prepuce irritated in some way to prevent his handling it, until his mental condition was sufficiently restored to reason with him and show him the danger. I inserted two or three silver wire sutures, and left them for some time, turning them every day or two. I placed him upon monobromated camphor and belladonna to produce rest and prevent erections. In this I happily succeeded, and the young man improved slowly but surely. In less than thirty days, he was freely himself again, and continued to grow to splendid mental and physical strength. In the course of a few months or next term, he was returned to college, graduated with the first honor and is to-day a leading young teacher in Georgia.

So much for the simple surgery in his case. It saved a bright young man who without it would have been the subject of chronic masturbatic insanity.

I could give you other interesting cases, and one or two in the female, but for lack of time, and not wishing to consume too much of your valuable space, I will defer until a future time.

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Dr. O'Daniel makes a powerful plea for

the operation—where it is absolutely required as in the cases described. And if these were very frequent it would go far to prove his claim for universal circumcision. But are they not exceptional?—Ed.

SUMMER TROUBLES.

By Dr. Ben. H. Brodnax.

VIEWING intestinal troubles in our section as arising from four causes, I have set these down as: irregular eating, eating too fast, eating indigestible materials and excessive heat.



B. H. BRODNAX.

There are fever, pain, restlessness and frequent action of the bowels, the stools consisting of partly digested food mixed with more or less water. We all know what it amounts to; the cause is not of much moment, and the microbe of still less. The bowels must be cleaned out, and for that purpose I give small doses of calomel with seidlitz salts or phosphate of soda till they are clean. Some add opiates with this, such as paregoric. Then I give the following: Cupric sulphate, one grain; paregoric, fifty drops; water, ten teaspoonfuls. Direct: One teaspoonful every half-hour.

Acetanilid may be substituted for the paregoric, and the following given: Acetanilid, two grains; salol, two grains; cupric sulphate, one-tenth grain; with turpentine infusion, one tablespoonful to wash it down. In infants the above may be divided in half, mixed with a few drops of glycerin, and washed down with the infusion.

I make the tea as follows: put together thirty drops each of turpentine and kerosene in a teaspoonful of sugar, or simple syrup, and add hot water, stirring, to amount to, say, two ounces; let it cool and use as above. I use the sulphate of copper in preference to the arseniate, on account of it not being

so poisonous, *i.e.*, dangerous; also, because I think it is better suited.

Dysentery, acute inflammation of the lower bowels, is a more serious matter and requires prompt action. The bowels must be cleaned out, and for this purpose I give full doses of one-half to one grain of calomel every half-hour with a saline cathartic. The symptoms of dysentery are very well known, and need no description.

All foods must be stopped. Give calomel in one-quarter to one-grain doses, alternated every half-hour with a full dose, as to age, of seltzer water or phosphate soda, then the following every half-hour or hour: Bismuth subnitrate, two to four grains; cupric sulphate, one-twentieth to one-tenth grain; acetanilid, one to two grains. Wash it down with a tea or tablespoonful of the turpentine tea. When relieved extend the time between doses. In infants the powder may be mixed with a little glycerin and the tea used to clean out the mouth.

We very commonly have hemorrhage from the bowels called "flux." More or less blood comes away with each action. Sometimes the stool is entirely of blood and the case assumes a very serious aspect. In these cases without stopping the above medicine I give an enema of the following: Silver nitrate, eight grains; warm water, eight ounces. Inject as high up bowels as possible, let it remain for a few seconds and then pass off.

I find the enema relieves instantly all tenesmus and the bleeding is checked. No fault can be found with a stimulant application to the abdomen. I have made a cornmeal poultice and mixed with it two tablespoonfuls of kerosene applied with a binder or a thick cloth wrung out of kerosene and applied next to the skin, the poultice outside. It is a great relief in many ways.

As I said, opium should be used with caution if used at all.

Some have recommended ipecac in the form of Dover's powder. Most of my

cases suffer with nausea, so that I have been compelled to stop its use.

Years ago a considerable war was made on vegetable astringents in dysentery, and I dropped out of their use; but last summer I had some of the most persistent cases I ever saw, and in sheer desperation I gave full doses of tannin, two to five grains, with success in relieving every case. Where not convenient I gave infusion of white oak bark in teaspoonful doses. I have used at times the concentrated tincture of wahoo, "euonymus," and I find it a pleasant addition to the treatment.

High temperature is a prolific source of enteric troubles, and as a prophylactic I advise my mothers to give once a week, at least, small doses of calomel, say two or three quarter or half-grain doses. After this the acetanilid and salol, one to two grains each, come in very pleasantly and relieve.

Recently I have used aconitine and hyoscyamine, gr. 1-134 to 1-67, in proportion to age, among my more intelligent clientele; but among others "the powder" or "teaspoonful every hour" is safer and better carried out.

I don't want my friends to forget the infusion of turpentine or kerosene in the administration of medicine in intestinal troubles. They will, I think, be well rewarded by its use. It is a common medicine without any high German name, but answers a good purpose every way.

I noticed a few years ago in a very bad epidemic of enteric troubles a curious appearance of the colon and rectum in one case that I examined post-mortem. The mucous coat looked as if was glossed or varnished, was thickened and hard to the touch, and of a mottled white and pink. That year was a bad one on all ages and the symptoms otherwise were the same in all.

Also in cases of dysentery let me recommend dilute sulphuric acid in the treatment, one drop to half a wine-glass of warm

water. I have seen some cases as it were raised from the dead by this simple medicine, and it should be always on hand in case of need.

Is it out of place to ask the question if the intestinal microbe does not put on a look of astonishment when he finds himself thus tousled around?

—O:—

But what do the little ones say of that tea of turpentine and kerosene? It has doubtless its value, but are there not in modern pharmacy equally useful and less nauseous agents? Turpentine may be replaced by any other volatile oil, and all children love cinnamon, while the place for kerosene is in enema. And in those cases of varnished mucosa, an enema of kerosene would be worth trying; with emetine, which is less apt to nauseate than ipecac. And no remedy has yet equalled ipecac in epidemic dysentery.—ED.

A NEW ANTISEPTIC FOR TYPHOID FEVER.

By Harriet M. Carbaugh, M. D.

EVERY year in the United States 400,000 people are sick with typhoid fever; 40,000 of them die. They are sick twenty-eight days on an average. Out of every 365 days then we have 11,200,000 days of sickness from this disease. Every case of this sickness means one month, generally two months of idleness. If



H. M. CARBAUGH, the wages earned by the patient are only 50 cents a day there is a loss of \$15.00 a month. Generally this sickness means a loss of wages in two months' time of \$60.00 or \$80.00. The average loss of wages for six weeks would be \$50.00. Add to this the doctor's bill, which is anywhere from \$30.00 to \$100.00, we will say \$60.00. If the patient lives in

a city and has a trained nurse for only three weeks, there is another \$45.00; \$10.00 for the prepared foods, ice, milk, etc., brings this moderate bill up to \$165. Multiply this by the number of people sick, and we can see every year in the United States (66,000,000) sixty-six millions of dollars lost by the inroads of this one disease.

It behooves us then to beware of this form of disease, and we should all do our share to prevent it; but I only claim your attention as to the treatment of this disease and not its prevention.

The etiology of typhoid fever is well known to all of us. In the process of eating and drinking are swallowed micro-organisms, which in their passage along the alimentary canal find lodging places wherein to multiply.

When first inhabiting the digestive tract little or no disturbance is caused by their presence, but after a short time their accumulation has poisoned the system. The stomach is irritated, digestion deranged, slight feverishness ensues; then the patient gives up to his illness and we have the ulceration of the intestines, cerebral congestion, prostration, etc., with which we are all familiar.

In treating this form of illness we must remove the cause. That is, kill the germs already there, prevent their multiplication, and combat the symptoms presented to us. This means that the treatment must be eliminative, antidotal and palliative.

We seek the palliative and eliminative treatment by :

1st—Medication or treatment of symptoms presenting.

2d — Hydropathic measures, such as packs, sprays, sponge baths, compresses, etc.

And the antidotal treatment we find in antiseptics.

Under the head of medication we all pursue our own methods. I will give a hint of mine. I am not as well acquainted

yet with the alkaloids as I hope to be, but this is what I have found useful: The tinctures of aconite and veratrum viride, in distilled water, ten drops to ten teaspoonfuls. Dose: Two teaspoonfuls every half hour. This is to be directed against the fever during the hours of elevated temperature only. In the middle of the day and through the night, when the temperature is stationary and no fluctuation to combat, I give general treatment: Baptisia when the tongue is dry and brown, when there is sordes on the teeth and a low delirium; arsenite of copper or arsenic triturated with milk sugar, so as to make 1-1000 gr. doses of the former, and 1-100 gr. doses of the latter. I also give as I find needed in different cases, glonoin, phosphorus or zinc. I give quinine only in the days of convalescence; when given with arsenite of iron or phosphate of iron, it contributes to the strength fund.

Of the hydropathic measures I use the sprays on the spine when there is great debility, circulation poor, and the skin of the back looks soggy or threatens bed-sores. This does not occur if packs are used freely, but I have been called in to see cases where nothing had been done but to give medicine, and the patients were in bad shape. The first thing I do in these cases is to turn the body over and examine the back, and generally find that the capillaries are clogged, and the skin crushed by the weight of the body, and no circulation in it. I now use sprays of water varying from 105° Fah. to 85° Fah. in the following manner: Use the fountain syringe and spray nozzle. Spray the entire back with warm water for ten minutes, then gradually cool to 90°. Then spray the spine with water at 85° for a minute. Repeat every other day, with light massage the alternate days, and in a week the skin will be alive, bed-sores prevented and general vitality greater.

The packs should be made by using an old sheet for the inside and outing flannel

for the outside. Cut the cloth so that it will reach from the armpits to the knees, and around the body once and a half. Put the dry flannel sheet spread out on the bed with the wet one directly over it. Place the patient on the middle of the wet sheet with arms over head. Wrap the two wet sheet ends across the body, and then the two dry ones. Cover the body with a dry sheet after bringing the arms down at the side. If it is a hot pack, add a light blanket over all. If the face becomes red, put cold cloths to the vertex, temples and back of neck. If the feet are cold put hot cloths to them. This attention should be rendered the head or feet in either cold or hot packs. On removing the pack, wipe the skin lightly but do not rub. If the temperature is high and the skin cold, use the cold irrigation of the bowels. This will lessen the temperature two or three degrees in an hour.

The antidotal treatment we find in antiseptics. The poisoning of the system by these fever germs is due to chemical action, and we antidote chemical poisoning by chemicals.

Most of our germicides are made from the metals. Of the antiseptics in common use, menthol, eucalyptus and thymol are organic in origin; but bichloride of mercury, carbolic acid, sulphocarbolate of zinc, permanganate of potassium, zinc sulphate, sulphate of copper, calcium chloride, calcium hydrate and subnitrate of bismuth are all metals.

The famous "Platt's chlorides" have been so widely known that it is scarcely necessary to be reminded that they are a combination of the chlorides of sodium, potassium, calcium and magnesium. All of these chemicals have been used in typhoid fever in strength and preparation suitable for introduction into the alimentary canal. They are changed very little if at all by digestive transformation.

They are brought into direct contact with the inflamed and ulcerated intestine,

killing the germs of disease and visiting remote parts of the body, antidoting the chemical effects on the tissues of the bacteria, which have before been brought into circulation.

Having recognized the necessity for antiseptic treatment as an important factor we must now select our antiseptic and use it with persistent care.

It is expedient that we select one that is both efficient and cheap.

I have for several seasons employed one that I can highly recommend on both grounds. It is one of the chlorides, the chloride of sodium—common salt!

It is easily obtained and may be used with a liberal hand.

It is known to the laity as a substance which may be used in domestic practice with safety. People use it as a gargle for sore throat, as a spray for catarrh, as an emetic, as a styptic, as a skin-tonic in the bath and also as a hair-tonic. Knowing its merits the family does not hesitate to use it unsparingly on the doctor's orders.

As soon as called to a case of typhoid fever, I prohibit not only the patient but all the family from drinking unboiled water.

I have some chloride of lime put in the vault daily. I have the discharges received on cloth or paper if possible and burned. Where this is not done the discharges are mixed with ashes or sand and chloride of lime, and buried at least fifty feet from the house and from any well. The clothing from the patient's bed and body are at once thrown into a tub of water, containing Zn SO_4 , and boiled in this, then laundered.

I give nutriment every two or every three hours, except during the hours devoted to packs.

I direct the sheets to be wrung from water, to every gallon of which has been added one and one-half pounds of coarse salt.

The brine for rectal irrigation will bear up an egg, and I use these salt packs and

salt injections every day of the illness and through most of the convalescence.

During the fever the packs are given at a temperature of from 90° Fah. down to 66° Fah. The higher the fever the colder the pack, and they are applied for sixty minutes at a time. They are applied during the hours of highest elevation of temperature, which is usually twice a day.

The rectal injections are given, one or two quarts at a time, once in the middle of the day and once in the night.

After the fever has passed and convalescence approaches, the temperature of the salt applications is raised, until with the resumption of normal body temperature the packs are made hot sometimes up to 180° and 200° Fah. for a few days, then gradually reduced to the body temperature by the time the patient is able to be about.

During the fever the cold packs and cold injections reduce the temperature, and during the convalescence the hot ones act as a wonderful tonic, increasing circulation, preventing relapses from chilled surface and preserving vitality. The salt injections check diarrhea, a simple purgative enema often being necessary to produce action of the bowels.

In no case have I seen any hemorrhage of the bowels where I used salt, and almost no delirium accompanies the fever. I have had cases with temperature at 105° with perfectly clear mind. I have given peroxide of hydrogen and zinc sulphocarbonate, but have used the salt alone enough to learn to make it my main dependence.

I am so confident of good results with this salt antiseptic that were I sure that all my directions would be carried out faithfully, I would be willing to take patients on the "No cure, no pay" plan.

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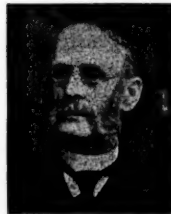
Dr. Carbaugh gives us an original idea, vigorously and admirably expressed. But she has not shown that any efficiency whatever is attributable to the salt, in addition

to her excellent hydropathic regime. And those of us who have learned the use of the sulphocarbonates do not have temperatures of 105°, diarrhea, delirium, tympanites, hemorrhages, and other grave symptoms. To advocate a new agent one must show its superiority over the old.—Ed.

ELECTRICITY IN DISEASES OF THE GENITO-URINARY TRACT.

By W. H. Walling, A. M., M. D.

IN the March CLINIC, page 93, Dr. Crain reports a case of enlarged prostate that has resisted the ordinary methods of treatment. Such troubles are common but obstinate.



W. H. WALLING.

As an electro-surgeon, I naturally use the electric current in all or nearly all of the genito-urinary cases coming under my care, and from my own experience and that of others, the proper application of electricity will do more for many of these cases than any other method of treatment.

The treatment for prostatic enlargement differs from that in prostatitis in polarity and degree, a point of vital importance.

In prostatitis we will have more or less extension of the inflammation anteriorly and posteriorly. We may also have in prostatic enlargement a hyperesthetic condition of the urethra simulating an inflammatory condition. In both cases the indication is for anodal applications to overcome this extreme irritability.

It will be necessary to inject a solution of cocaine in some cases before attempting to introduce an electrode, but I do not use it unless absolutely necessary, and discontinue it as soon as possible.

We will suppose that a case presents itself with symptoms of ardor urinæ, etc. Examination of the urine should first be made, and appropriate medicinal treatment commenced. The patient is then

placed upon the operating chair, and an ordinary sound introduced if possible to determine the caliber, etc., of the urethra. If the sound cannot be passed, great pain being caused, inject a 4 per cent solution of cocaine and follow this with a bulb electrode, commonly known as a Newman electrode, using one that will readily pass into the bladder.

Place a pad upon the abdomen, to which attach the negative pole of the battery. The sound being in position and connected with the positive pole of the galvanic battery, place say five cells in circuit and turn on the current by means of the rheostat until three milliamperes are shown by the meter. Then gently and slowly withdraw the sound, thus acting upon the whole of the canal with the anode or positive pole, the withdrawal to occupy one minute of time. At the extreme end just as the bulb comes into sight remove it with a quick motion, which closes the sitting. This is to be repeated every day or every other day, as may be necessary until the irritability is overcome.

Bleeding following the first introduction of a sound of any size is an indication for prompt anodal applications, which should be continued until the tract has become normal.

If the case is complicated with an enlargement of the prostate, the irritability having been subdued, we may proceed to act upon the gland by more prolonged sittings, and by one of two methods, or both alternately. The first will be per urethra, the second per rectum, or by both combined.

Having selected a suitable sized bulbous sound, we will cover three-fourths or two-thirds of its surface with as thin a layer of shellac as will fully insulate it, the bare portion to be brought into direct contact with the gland, the negative pole being attached. The positive may rest on the abdomen, but preferably on the perineum; or it may be attached to a suitable carbon

electrode and introduced into the rectum and pressed against the gland. In this way we have the hypertrophied part directly between the poles. The carbon should also be insulated with shellac, leaving only a portion of its surface active. We may now apply a current of from ten to twenty milliamperes for from one to five or ten minutes, according to the intensity of current used. Some operators have used as high as seventy-five to 150 milliamperes in such applications, by what is termed swelling currents, *i.e.*, rapidly or quickly turning on and off the current by means of the rheostat. I have not attempted such an extreme application, and should hesitate to do so, holding fast to my motto—*festina lente*. With such an intensity I should fear an instant lighting up of any old lurking inflammation present, which a moderate amount of current would tend to prevent.

If it be not possible to act upon the gland per urethra, it is always accessible per rectum, and the rectal electrode may be placed in situ with the other pole in the perineum. In this way a stronger current may be used than when one pole is used in the urethra, as we may readily inspect and even make topical applications to the part by way of the rectum.

Electro-puncture does not commend itself to my judgment, except in cases deemed especially suitable for such procedure.

ENURESIS.

Electrical applications afford a cure in this troublesome affection when drugs fail, as the parts are directly acted upon.

Generally, the following method will be found to be effective. Use the combined current described on page 65, February number of the CLINIC. Place one pole on the abdomen, well down on the pubes, and the other on the back over the genito-spinal center. Apply from five to fifteen milliamperes of the galvanic and as much

of the faradic as can be comfortably borne, with frequent changes of the direction of the current without shock. The sittings may be held every day or less frequently if desirable.

If this method is not successful the urethra should be explored in both sexes, and direct treatment given, much in the same manner as for irritable urethra in the adult. Sometimes two or three applications of a swelling faradic current with one electrode at the entrance to the bladder may be all that will be necessary, but generally the treatment must be persevered in for some time.

Frequent micturition, with a burning and smarting sensation, depending upon a cystitis, aside from the proper medicinal treatment should receive the combined current in the bladder. In such cases it is better to empty the bladder, partly refill it with a solution of salt water, and act upon the walls through the solution. In this way a current intensity of fifty milliamperes or even more may be used without discomfort, as it is diffused over the whole surface. In such applications one pole should be on the abdomen and another on the back, using a bifurcated cord or two cords for these pads. The pole used in the bladder must be determined by the condition. If the case be one of chronic cystitis and need stimulating, apply the cathode internally, and attach the anode to the two pads. If, however, there is any acute inflammatory condition, use the anode in the bladder.

Some of these cases are extremely obstinate. One was under my care for frequent micturition for some time with no apparent benefit, and finally ceased attendance. What the result would have been if she had continued the treatment for a year or more I cannot say.

We frequently find caruncles or other growths at the meatus, and these must be removed before attempting any other treatment, if any be needed. The electro-

cautery or snare is the most effective method of dealing with these excrescences. Cocaine or eucaine may be injected or ethyl chloride used. The work should be thoroughly done.

Philadelphia.

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Unfortunately we cannot expect patients to come for a year for electrical treatment before obtaining relief from irritability of the bladder. It is no discredit to electricity, but the use of a few granules of hyoscyamine and lithium benzoate, or Tritica, gives such speedy relief that the current may be saved for more important uses.—ED.

APPENDICITIS.

Reply to Dr. Ide.

By Zophar Case, M. D.

“THE expected as well as the unexpected may sometimes happen.”

Dr. Ide's criticism is but another illustration of the above truism.



ZOPHAR CASE.

My critic starts out by saying that he “doubts the correctness” of the diagnosis and then further on says “now I consider that all these were cases of fecal impaction;” then in his masterful and masterly

way proceeds to give his reasons for his opinion by a very critical analysis of the report. On the “face of the returns” the doctor seems to have made out his case, but let us see if his criticism is fair.

Before proceeding further, I wish to plead guilty to having sacrificed clearness somewhat to brevity of statement; a very common error, and one which when made by the brethren of the knife, is allowed to pass without comment, as the following report of cases is a very strong illustration: “A male, twenty-five years of age, had been attended by Dr. Harlan for four

or five days. His illness commenced with pain in the abdomen, followed by nausea and vomiting, localized pain in the right iliac fossa, extending almost to the umbilicus; pulse 110, temperature 102° , respirations 30 per minute."

"On October 21st, I saw Mrs. R., who had been sick one week, and suffered from severe pain in the abdomen that had become localized in the right iliac fossa. Her pulse was 130 per minute, temperature $102\frac{1}{2}^{\circ}$." (*International Journal of Surgery*, April 1897, page 99.)

These are sample case-reports that appear in almost every medical journal published. There is nothing in them to show by what process a differential diagnosis was made. Treatment by the knife proved them to be cases of suppurative appendicitis, it is true; but I will venture the assertion that the operator did not know, notwithstanding he may have made a careful differential diagnosis, just exactly the condition of things he would find when he made his incisions.

Now, the fact that I did not give the process by which I made my diagnosis, does not prove that a differential diagnosis was not made in each case, notwithstanding the diagnoses were not proved by operative treatment. For the doctor's information, however, I wish to say that if I neglected so important a matter as a differential diagnosis in my cases, then indeed have I failed to profit by the teachings of such men as McBurney, Bull, Abbe, Morris, Willy Meyer and others, at whose feet I have sat many months, doing post graduate work, in the colleges and hospitals of New York.

Let us take the report, case 1, and see if a fair interpretation will justify the doctor's criticism. First visit, "patient suffering severe pain in right groin, with tenderness over McBurney's point, circumscribed induration at that point, the abdominal muscles on the right side tense, and the right thing flexed; pulse 108, temperature

100° , bowels constipated, with a history of having eaten grapes the day before and swallowing the pits." There was no relief from treatment, "and next day the pain was unabated, tenderness extended over a larger area with the pulse 120 and temperature 102° ." "This state of affairs continued with increased pulse and temperature until the fourth day, when there was diffuse peritonitis, with pulse 130 and temperature 103° ." At this stage of the case I began by giving the remedy, giving five doses at half-hour intervals, then a dose every two to six hours, until he was entirely free from pain and tenderness, which occurred on the fourth day from the beginning of this treatment. On the third day of this treatment, injections of hot water were given every six hours. The bowels were slow to act on account of the morphine previously given. Patient dismissed on the tenth day from the beginning of his illness, but on account of induration in the right groin still remaining, calcium sulphide was given for two weeks. A fair interpretation of the above would indicate that relief began after the first few doses of the remedy had been given, and that the severity of the symptoms gradually lessened until on the fourth day he was entirely free of pain and tenderness, the lengthened intervals between doses showing the effect of the remedy upon the disease. So far as the pulse, temperature, pain and tenderness were concerned, he was in fact relieved before the injections were begun, and consequently before the evacuation of his bowels and the passing of the grape-pits. Relief was not due to the moving of the man's bowels, all active symptoms having subsided before that occurred; but he would be a very unwise physician indeed who would not see to it that the bowels had acted freely in a case like this, hence the case was not dismissed until the tenth day from the beginning of his illness. The doctor says: "The man had symptoms which are seen in appendi-

citis," but "you never get induration on the first day of an appendicitis which can be palpated from above through the abdominal wall." How about adhesions left after recurrent attacks? And does my critic wish to be understood as meaning that an enterolith, gall-stone or other foreign substance within the appendix, may not be palpated the first day through the abdominal wall in an appendicitis from such cause? Again he says: "Now if a diffuse peritonitis had suddenly supervened on an appendicitis, it would have resulted from an extension of inflammation from the appendix" (most certainly it would) "and there would have been pus in the peritoneal cavity. In such a case there would have been collapse with a low temperature." (Undoubtedly true if there is sloughing or rupture of the appendix, except when the appendix has been previously encysted or surrounded by inflammatory adhesions.) But how about the diffuse peritonitis sometimes seen in typhoid fever, and in puerperal septic fever? If diffuse peritonitis can supervene upon these without pus being in the peritoneal cavity, and without low temperature and collapse, then why not sometimes supervene upon an appendicitis without pus being in the peritoneal cavity, and without collapse and low temperature? If pus is always in the peritoneal cavity in such cases, then what becomes of it in those who get well after such attacks, and why in such attacks are there not symptoms of collapse with low temperature? My critic virtually admits this to be a case of "catarrhal appendicitis," which is all the author would claim for it. There was no pus, no low temperature, no collapse, the case remained sthenic throughout.

Case 2. This seems to have aroused the special censure of my critic. He says: "Imagine a case of general peritonitis improving in twelve hours under hyoscyamine, brucine and hot sitz-baths. Imagine sitz-baths to a patient with general

peritonitis." "Flatulence is not general peritonitis." "It is beyond human possibilities to remove a tumor from the iliac fossa and "cure" a case of appendicitis with general peritonitis so easily." Now here was a patient with a tumor in the ileocecal region, with severe pain, both superficial and deep (on pressure), general peritonitis, vomiting, tongue red and dry, bowels constipated, pulse 130, temperature 104. Flatulent or intestinal colic, or fecal impaction, would be a strange diagnosis to make in a case with a train of symptoms like this. In colic there is no fever, no red dry tongue, and seldom if ever any increased pulse rate—the pulse is inclined rather to be slow instead of fast. In peritonitis, the patient avoids the slightest motion, and pressure either superficial or deep increases pain, and the pain is constant, while in colic the pain is paroxysmal, and the patient tosses from side to side, and over the bed, and deep firm pressure relieves the pain. Concerning the giving of sitz-baths to patients with general peritonitis: Sometimes one may have a good thing not taught in the books, or by those in authority in the schools, and sitz-baths to patients with general peritonitis that are small enough to be easily handled, is one of them. Let the "doubting Thomases" try it once—they will I am sure have no cause to regret it. This patient was also relieved before the bowels acted, as were the other four cases, and the emptying of the bowels was only awaited that I might feel sure that all would go well with them after dismissing them.

Case 3. The man was at his place of business on the fourth day from the time I was called, that is on the eighth day of his illness, and not on the fourth day from the beginning of his illness as the doctor states. It is not necessary to go into the other cases reported.

Two things the doctor makes clear in his criticism. One is that all that is necessary to make a differential diagnosis of appen-

ditis is to evacuate the bowels by giving calomel and salines; the other that true appendicitis is always suppurative. If this be true, then of course the cases reported were not appendicitis, for there was no pus in any of them. Concerning the giving of calomel and salines, and evacuating the bowels as a method of differential diagnosis in appendicitis, I have this to say: "Laxatives and purgatives must not be given until after the reparative processes are well established." (Loomis) This coincides with my own view, illustrative of which I wish to cite two cases, which occurred in my own practice.

Miss S., aged 16, was suddenly taken with severe pain in the abdomen, one afternoon while returning home from school—the school being two miles from home. The pain was paroxysmal in character and it was not localized; sometimes it would be general over the whole abdomen, at other times it would pass from place to place (rather from one region to another). When I reached her bedside at 9 o'clock at night, I found her tossing over the bed, and at times assuming a sitting posture, and holding her abdomen with her hands while leaning forward. There was slight but not severe pain on pressure over McBurney's point, but no tumor, no vomiting, either bilious or fecal; pulse 80, temperature 99. Questioning elicited the fact that her health had been previously good, and that her bowels had been regular, with one or two daily motions, but that they had not acted on that day. I anesthetized her and made examination by the vagina and rectum. The appendix could not be reached, but the examination revealed a loaded rectum, and the hand on the abdomen following the colon found it to be full almost its entire length. I removed with my finger a mass of dry hardened feces, and gave an injection of hot water, the water returning almost as fast as thrown in, but a little more feces passed with the last of the water. I gave one dose of calomel,

and followed it with a saline every three hours until the bowels acted fully from above, which they did at 4.30 the next day; just twenty-four hours from the time she was taken. Large quantities of hardened feces passed from her, the stools becoming bilious after the third action. At this time she seemed to be doing well and I returned home, nine miles, thinking that there would be no further trouble. As I considered that I was dealing with a case of fecal impaction, I did not use morphine in the case, consequently she suffered severely before the bowels were started. At 9 o'clock that night she began to vomit, which became almost continuous, and every few minutes she would get up to stool; at 3 o'clock they started a messenger for me. I returned with him immediately, and when I arrived at her bedside death had just finished the work.

W. R., aged 23, bank cashier, was taken with localized pain in the right iliac fossa; there was severe pain on pressure over McBurney's point, abdominal muscles on the right side tense, and the right knee flexed. Tumor could be felt on palpation; tongue was red about the edges and moist with a brownish coat; the bowels constipated, and there was no nausea or vomiting; pulse 112, temperature 100½, respirations 28 per minute. Rectal examination was negative. Treatment, morphine one dose, calomel one dose followed in four hours with broken doses of salines every hour. Bowels acted freely at the end of twelve hours, with relief to the patient. Hot applications were kept on the abdomen. There was nothing in the appearance of the patient to cause uneasiness as to his condition. I left him intending to call again in four hours. A little before the time of my intended call I was summoned hastily, and found him in a state of collapse. I explained matters to his mother, a widow, and asked that I might operate to try to save the young man's life; the mother refused her consent, and the man

died in six hours. No post-mortem was allowed in either case, but it is fair to assume that the doctor's method of differential diagnosis was a success (?) in both. Fortunately for the other cases reported I did not prove them by this method.

Concerning the diagnosis of appendicitis, it is true, as my critic says, sometimes very hard to make. Even surgeons make mistakes occasionally (?) in diagnosis, the best of them, as the cases reported by Dr. Lusk and Dr. Lillianthall in *Universal Medical Journal* for January, 1897, show. I believe it was Willy Meyer who said in the *Medical News* (N. Y.) some months back, "that he liked to guess at the condition he would find on opening the abdomen, but that he was never sure," or in other words to this effect, and I will venture the assertion that that is about the case with every one who performs this operation. I would not have it understood that I am opposed to the use of the knife in those cases in which pus has formed, those in which perforation with collapse has occurred, and to recurrent cases after the second or third attack. All others, fully ninety per cent, would better be left to nature and to the purely medical men. "If I can safely allow a patient to get over an attack before operation I always prefer to do so. If in twenty-four hours from the beginning of the attack the symptoms lessen in severity, I always feel sure that I can leave the case to nature for the time being, and defer my operation to a more favorable period. Such an attack ought to subside in from forty-eight to seventy-two hours." (Chas. McBurney in *Medical News* (N. Y.) Dec. 12, 1896.) Now as it is in the first twenty-four or forty-eight hours that the physician will get in his work, it will be plainly seen that according to the practice of the originator of the operation it is not necessary to be in a hurry about calling in a surgeon.

As to the cause of appendicitis, McBurney, in the same issue of the *Medical News*, says: "We are very far from pos-

sessing any exact knowledge as to the prevailing cause of appendicitis. My whole thought has run toward a stoppage of the drainage from the appendix into the colon as the true cause of this disease. I have never seen a case in which there was no interference with the drainage, and I am inclined to the opinion that this cause may account for all cases." If this be true then it will be seen that constipation is a very active causative factor in the production of this disease. With a record of forty-seven cases in my own limited experience I have never seen one in which this feature was lacking. The doctor's theory about the use of cold applications in this disease I am afraid is not susceptible of proof. It is true the use of the ice-bag is advocated in the foreign schools, particularly the Edinburgh school, and it is used to some extent in this country by those who have studied abroad, but the vast majority of medical men in this country use hot applications in this disease, and having personally tried both I prefer the latter.

A few words in closing, in regard to the use of hyoscyamine amor. and strychnine arseniate in this disease, will not be out of place. Hyoscyamine relieves pain without constipating the bowels; both it and strychnine arseniate promote peristalsis, both promote the flow of the intestinal juice, both act on the muscular coat of the intestines, and both exert a laxative effect upon the bowels. Note cases 2, 5 and 6, in which the bowels acted voluntarily. There may also be some special selective action in the two drugs for this particular pathological condition. At any rate I believe that the remedies produce what may be termed normal intestinal massage, which with this sedative action, together with the increasing of the intestinal secretions, subdues inflammatory action, preventing pus formation and the formation of adhesions.

Masonic Temple, Warrensburg, Mo.

**GASTRO-INTESTINAL MALADIES OF
INFANCY.**

By W. L. Coleman, M. D.

IT is a burning shame upon our boasted civilization and a reproach upon the medical profession of this enlightened day, that so large a percentage of our infantile population continues to succumb and fill untimely graves from bowel diseases, which are so easily preventable. Even savage and uncivilized nations exhibit no such death-rate from these causes, and the aborigines of our country far excel us in strength, vigor and freedom from disease, till they come under the blighting influence of our civilization.

Our editor wants his correspondents to make the July CLINIC a special on these diseases, but he was too late in the day notifying me; besides it would be time wasted to write an elaborate article on gastro-enteritis, cholera infantum, summer complaint of teething children, or whatever you may choose to term the gastro-intestinal derangements of infants of two or three years, for such papers make no lasting impression even upon the minds of medical men.

So, instead of entering into consideration of the nature and cause of these preventable diseases, I will simply jot down at random a few late observations, first remarking that I conceive the mission of the physician of the future will be the prevention of disease, for all agree that "prevention is better than cure." And as the venerable Burggraave says: "It is easier to prevent than cure;" and he adds: "By all means pay attention to hygiene, and still there will always be plenty of patients to cure in spite of all the precautions of preventive medicine." But says one: This jugulation of diseases destroys a part of the physician's business by which he makes a livelihood, and the perfect prevention takes it away altogether. Away

with such selfish thoughts, born of greed! The man who harbors them is not worthy to enter the quiet, sacred, precincts of the sick and suffering. We might learn a lesson from the "heathen Chinese" that would aid us in making preventive medicine a success, if we could thereby induce our wise law-makers to enact a decree that physicians shall be paid only for keeping their clientele well.

Walking down the street one day last week I saw a little 'tot' of two years standing at the gate of a pretty cottage, dressed in a simple slip, bare-footed and bare-headed, with the hot sun of June pouring down upon her and a thin, yellow-greenish discharge pouring from her bowels, while the voice of her mother was heard within, as she laughed and chatted merrily with a caller. The environment of that little one was favorable for the production of a sudden attack of cholera infantum that might end in death in a few hours; and from sympathizing friends surrounding the corpse would be heard expressions in regard to the mysterious dispensations of an All-Wise Providence, who in sooth had nothing to do with the little one's death.

Or if this sad termination did not occur, this condition, if neglected, might lead to one of those long, annoying summer diarrheas, which used to be the bane of my life when blue powder, bismuth, Dover's powder, chalk mixture, etc., etc., were the principal remedies in use. But dosimetry has changed all this, and with its safe and pleasant agents removed the uncertainty and dread which was ever mine when in charge of one of these cases, and imbued me with such perfect confidence of success that it became a pleasure to watch the certain and rapid cure by this wonderfully exact method of medication.

When I first adopted it as my therapeutic method I insisted upon all those who considered me their family physician calling me early in all cases of illness occurring in the family, assuring them that their

medical and drug bills would be much less in the long run, and there would be less danger of an undertaker's bill. The record of ten years sustains me in that assurance, exhibits fewer death certificates than any of three decades of my practice in the old way and none of those long, tedious, six to eight weeks cases of severe illness so common, especially in the first twenty years of practice under the old method.

The dosimetric treatment of these derangements is so simple as to cause doubts of its efficiency in the minds of those who have not tried it, but simplicity is the rule of nature and is a synonym of perfection; for the more serious the malady the simpler and more distinctive yet more constant must be our medication, whereby we avoid the disorders of the useless drugs of the past.

As there is generally undigested and fermenting food in the alimentary canal, at the commencement of these disorders a laxative is indicated, and the most efficient one, as well as pleasant to take, with which I am acquainted, is the Abbottseidlitz salt, which every child will readily take under the name of "soda-water," if slightly sweetened. The exhibition of this dose frequently puts an end to further morbid action, and prevents what might otherwise have been a serious diarrhea. But if the offending material has produced an amount of irritation that will not be thus subdued, it will be necessary to give a few granules of sulphocarbonate of zinc, aconitine, brucine and codeine to insure perfect antiseptis, prevent febrile action, maintain vital energy, subdue irritation and prevent hypercatharsis; a granule of each every half-hour or hour, according to age of patient and urgency of symptoms, "until the desired effect is obtained." If the irritation is so great, with copious, watery discharges, pale, cool skin and extremities, as to threaten cholera infantum, give atropine sulphate, grain 1-3000 to 1-1500, every fifteen minutes till reaction, and maintain this physiolo-

gical effect till watery discharges cease, adding a granule of hyoscyamine if there is nausea or vomiting.

In the protracted cases of summer diarrheas of infants, of which I have seen but very few in the past ten years, I give, in connection with the above named remedies, copper arsenite in doses and at intervals to suit the indications of each case, and three to five grains of sodium phosphate, or the same amount of Peptenzyme, in all food that is taken; not neglecting the all-important large dose of seidlitz salt (Abbott), at proper intervals to keep the canal free from fermenting material. My time is too short to permit me to discuss hygienic measures and dietary, which are really of as much importance as medication.

Navasota, Texas.

A FEW REMARKS ON SUMMER DISEASES OF CHILDREN.

By John M. Shaller, M. D.

WHENEVER it is possible, the physician should attempt to remove the cause of the disease, or if this is impossible to remove the patient from this cause.



J. M. SHALLER.

What is the cause of summer diseases of childhood? Evidently heat. It acts in two ways. It depresses and enervates the physical organism, and it produces deleterious changes in food and drink.

Heat affects the mother as well as the child and if she nurses her baby while she is overheated and in the midst of hard work, the child may become sick. If, on the other hand, the baby is hot, thirsty and restless, it will likely nurse more than it needs. It then overloads its stomach and may thus produce some disturbance.

When we consider the effects of hot

weather on food and drink, and remember that less nourishment is needed in hot weather than in cold, we can better understand what the evil effects of overfeeding are. To keep both mother and babe cool is one way to prevent as well as to aid in curing these summer diseases. The baby should be kept out of doors in the shade as much as possible. If a child is kept in rooms that are crowded, hot and poorly ventilated, it is very difficult to cure cholera-infantum or "summer complaint."

When first called to treat any acute gastro-intestinal disturbance of childhood, the food and drink requires our first attention. It is best to stop the administration of all food for twenty-four hours. Boiled water which has been cooled, anise or fennel tea, may be freely given. An important point is thus gained, as nothing of an irritating nature now reaches the stomach. If vomiting or diarrhea occurs after drinking water or tea, very little harm is done, as it aids in washing the products of decomposition from the stomach and intestines. Washing out the intestines by means of a syphon-tube frequently cures vomiting after all other means have failed. The same is true in regard to washing out the bowels by high injections, it often cures diarrhea.

The first medical treatment should be directed towards clearing out the gastro-intestinal canal and rendering it aseptic. For this purpose calomel is our best remedy. It should be given in doses of grain 1-10, with sodium bicarbonate, grain 1, every hour, until the color of the stool is made darker. This may then be followed by effervescent seidlitz salt. Sulphocarbolate of zinc, grain 1-4, may then be given, dissolved in water, every one or two hours to a child one year old, or copper arsenite may take its place. If there is much pain, one granule of Waugh's anodyne for infants may be given dissolved in water, every half-hour until relief is obtained. There is very little need of varying this treatment.

If the intestines have been thoroughly emptied of all irritating substances, and pain and diarrhea still continue, codeine, grain 1-48, may be given to a child one year old every one or two hours until improvement is manifested. It should then be given after each stool or whenever the pain returns. It is best to use opiates as sparingly as possible. It is better still not to use them at all.

It is always dangerous to prescribe opiates for infants, especially during warm weather, because they produce cerebral congestion. One question which worries the mother more than any other, and which is one of the most difficult for the physician to solve, is what nourishment shall the little patient have? I am willing to confess this has puzzled me more than anything else.

All the milk preparations have been tried, and in some cases each one has failed. Each year I am turning more and more to Valentine's meat juice, Wyeth's beef extract, or Bovinine. A small quantity of either of these preparations, say, five or ten drops in a little cold water, given every two or three hours, or more frequently and in smaller doses if necessary, seems to agree much better than any other food.

It is difficult to convince the mothers that their babies will get along better without anything except water, for the first twenty-four hours. They believe it is better for the child to take food even if it should pass it immediately afterwards.

They must be convinced that a baby cannot die of starvation in two or three days if it has plenty of water, and if beef extract is added to it, that it can live almost indefinitely.

Where the body temperature is high I never hesitate to give amorphous aconitine in sthenic cases. When the surface is cold and clammy, whether there is fever or not, a hot water bath of half an hour's duration is very soothing and directs the blood-

stream from the interior of the body to the surface. When the head is hot opiates must not be given, but cold water may be applied to the head. The hands and feet must be kept warm. When there is collapse, glonoin, caffeine or atropine hypodermically should be given.

As soon as the stools become natural in appearance and number, milk diet may be resumed. If it appears undigested in the stools, Peptenzyme or Fairchild's essence of pepsin should be given after nursing. If cows milk is given it must be thoroughly boiled and kept unexposed to the air. If milk or milk preparations seem to disagree, the beef-extracts should take their place until the bowels become normal.

INTESTINAL DISEASE.

By W. C. Buckley, M. D.

INTESTINAL disorders of an inflammatory character, especially in the young, are very frequent during the months of June, July, August and even September.



W. C. BUCKLEY.

Diarrhea of the infant particularly prevails during these months, and is the commonest form of infantile disorder.

Diarrhea has been attributed by authors and writers to various causes, as decomposition of bile by abnormal acids acting upon it in the intestines, and, nowadays, some attribute it to a particular bacillus which multiplies with great rapidity.

Green diarrhea, a much prevalent form, is frequently a mild affection with babies at the breast, amounting to only one or two stools of this character; in many cases however, the disorder lasts several days.

The cause should be sought for, and if early found and at once removed, our success is mostly assured.

But the cause is frequently difficult of

removal, as it so often consists in the food given to nourish the child, but which task it fails to accomplish. What I have found to agree with one will often disagree and therefore fail to nourish another, so that a trial of different foods is often necessary before finding one that will suit.

My opinion is that frequently the child's stomach will digest no food, therefore nothing but pure water should be given until digestion is improved.

The symptoms of diarrhea are so plain that they need not be mentioned, but the disorders which precede it are not always so clearly made out.

Enteritis, pure and simple, is not so common as gastro-enteritis or enteritis associated with inflammation of the large intestines.

Vomiting, diarrhea, abdominal pain and tension, increased by pressure; fever, tympanites, and a red, dry tongue, prominently mark this affection.

The child lies on its back with its knees drawn up and wears an anxious, worn look, characteristic of abdominal inflammation.

The treatment though similar to that of enteritis is essentially different. In this the child should have warm emollient drinks, seidlitz salt taken in small doses at a time every hour, aconitine and veratrine to control fever, and if there is much pain morphine or codeine should be given. Flatulence should be kept down by the administration of a nitrogenous diet. Raw meat finely chopped may be given. After fever and inflammation are removed, quassin should be given. Strychnine arseniate may be administered from the first.

In enteritis poultices should be applied, emollient drinks used, hyoscyamine and codeine given every hour or half-hour until sedation, and as a general rule the seidlitz salt should be given to clear the intestinal canal.

Later, in order to sustain the vitality, strychnine arseniate or strychnine hypophosphite should be given every three or

four hours; and hydroferrocyanate of quinine every two hours for a day, or two, or more. At first the affection consists of hyperemia with redness, swelling and dryness; the dryness ordinarily when not relieved early changes into a watery exudation which causes thin discharges from the bowels. The glands of the intestine may ulcerate.

In chronic enteritis there is atrophy of the mucous membrane and destruction of the glands takes place. In the croupous form there is false membrane in the intestines.*

In the commencement of enteritis there is a general malaise, the child seems feeble, irritable and very restless, the tongue is coated white, afterwards brownish, the belly is tender to the touch and there is sometimes nausea and vomiting, usually anorexia; the most characteristic symptoms however, is a loose evacuation, fecal at first, but soon becoming thin or watery, attended with pains of a colicky character and more or less flatulent rumbling.

The diarrhea of nursing children being almost always dependent upon improper food or feeding, hygienics and dietetics best prevent and often cure them and prevent their recurrence. But any intestinal derangement of children of tender years should have immediate attention, for a disorder of this nature in young children, apparently not severe, may quickly terminate fatally.

Diarrhea from indigestion, excess of the food, or bad quality of same, should have first, seidlitz salt to clean the bowels of offensive matters, also diastase or pepsin, one or both; later, quassin.

Diarrhea from excessive ganglionic innervation (nervous) requires gelseminine, strychnine arseniate, brucine and morphine hydrochlorate.

For the inflammatory element: aconitine,

veratrine, codeine, zinc sulphocarbolate, copper arsenite.

For congestive diarrhea: seidlitz salt, hyoscyamine, gelseminine, revulsives, quinine arseniate, anemonin, and the antiseptics.

For passive congestive, sluggish circulation, usually diathetic: anemonin, sodium benzoate, arsenic iodide, iron iodide, iron arseniate, strychnine hypophosphite, and nuclein.

Finally, because diarrhea is the very commonest affection of infants and children attended often with much danger, we should observe carefully its special forms and treat each one of them according to its demand. Then we shall not fail to be blessed with good, nay the best of results, especially if we make ourselves well acquainted with the arms of precision furnished us by alkaloido-therapy. Experience is in accord with this conclusion. We know the physician is liable to meet with surprises and unforeseen results, from inability to adapt the doses to the diseased necessities of the patient, for that which will soothe one patient may not act in the same way exactly with another. Take for example emetine or ipecac, which is at one time emetic, another time purgative, and at others diaphoretic and antiemetic. We therefore condemn altogether maximum and minimum doses as not being the true rule for dosage.

If one desires to obtain the effect of a medicine he must start with the smallest possible dose and repeat frequently, and give to the point when that effect is obtained. Dr. Shaller's book is an excellent one for the study of dosage of the alkaloidal granules. Dr. Abbott's "Brief Therapeutics" is another good and handy little affair for the same purpose, although not so full and complete as the former.

The necessity of using small quantities perfectly uniform in character, of energetic medicaments, which shall be readily soluble and perfectly tolerated, must be clearly

*Chronic diarrhea with croupous deposits, especially when upon the mouth and fauces, should have carbolic acid administered in 1-4 grain doses in well sweetened water, for children two years old.

understood and appreciated. Then the frequency of repetition of properly selected remedies should always depend upon the intensity of the morbid phenomena; the more rapid the course of the disease, the greater the necessity for repeating the medicine until a result of a decided character is manifested.

723 Berks St., Philadelphia, Pa.

ANTISEPTIC TREATMENT OF ENTERO-COLITIS.

By John E. Bacon, M. D.

HAVING recently been called to assume charge of an innocent victim of textbook therapy, the object-lesson there presented is so forcibly impressed on the mind of the writer that it seems fit at this time to re-affirm adherence to the principles of antiseptic treatment in every case in which pathogenic bacteria play a part.



J. E. BACON.

No better illustration of the efficiency and rationale of the administration of antiseptics in a plain case of enterocolitis can be afforded than to recount the history of the present case, and perhaps clinical records afford generally a more clear understanding of underlying principles than the most elaborate presentation of theory.

A female child, aged four years, was taken sick about two weeks ago and the regular family physician was called in. The child had a high temperature, was vomiting, quite bloated across the belly, had a hard ringing cough and could not retain its food. It had frequently greenish stools passed with much pain and straining, and after a motion would lie a long time in one position and cried if moved. Treatment for four or five days had no beneficial effect, in fact the child became worse. At this time the writer was summoned to

attend the case, owing to the enforced absence of the physician in charge. At this time there was a temperature of 103.5 in axilla, dry dirty brown tongue and fetid breath, vomiting at intervals, and the patient lay in a stupor except when aroused. The chest was full of moist rales, but very little cough. The belly was much distended and very tender, and the bowels had not moved in twenty hours, the last motion having been dark green in color and horribly offensive.

Here was a clear case of enterocolitis with a well-marked auto-intoxication induced by the absorption of ptomaines generated by the army of bacteria actively at work along the intestinal tract. There was a cough mixture evidently about half paregoric on the table, labeled "teaspoonful every three hours," and the mother said it had to be forced down the little patient's throat, and some powders which looked like bismuth and Dover's powder.

What rational therapy! Opiates to check the bowels no doubt, and incidentally to thwart nature's heroic attempt to rid the intestines of the putrefying mass in them. It paralyzed the bowels and aided the germs to carry on their deadly work. A syrupy cough mixture to check a harmless cough and incidentally to add to the fermentation already existing in the upper bowel and stomach. No wonder that the child promptly vomited all it could. And yet these very prescriptions can be found in some of the standard text-books on practice in use to-day.

My treatment of this case cannot be found in text-books, but I am not afraid to print it for the criticism or the commendation of the CLINIC family, according to its merits.

Turpentine stupes were applied to the abdomen and kept hot until the bowels acted freely some twelve hours later; then they were stopped and turpentine and lard, equal parts, applied on a flannel cloth. Calomel, 1-10, and sodium bicarbonate, grain

1, were given every half-hour for four doses and then every hour until the bowels acted freely. Twenty granules of copper arsenite and thirty tablets of nuclein sol. (Aulde) were dropped into four ounces of water and ordered to be given, a teaspoonful every half-hour for four doses, then every hour for twelve doses, then every two hours right along. All food was withheld for thirty-six hours and then, when she asked for it, sterilized milk, three parts, and lime-water, one part, were given in tablespoonful doses for twenty-four hours as she asked for food or drink, and after that in two-ounce doses every two hours regularly.

That child began to improve from the time the bowels acted first, because the bile poured out by the stimulated liver swept down along the intestine and moved out a large mass of decomposing material, and it exerted its own antiseptic action all the way. That natural antiseptic was reinforced by the arsenite of copper solution, which is a powerful intestinal antiseptic. The nuclein prompted the whipped and yielding leucocytes to renewed vigor and aided in making a new supply by its stimulating action on the glandular structures, and when the tired stomach had rest and had become empty, it renewed its work and called for food, which was digested; and so the cells were again aided in their struggle by the normal products of digestion, and the result is one less death certificate for the month of June.

Arsenite of copper has been used by the writer for five years, and there is no more valuable remedy to use in the class of cases grouped under the general heading of infantile diarrheal diseases. It is pre-eminently a non-irritating antiseptic and is indicated wherever germs are at work in the alimentary tract. Opium finds fewer and fewer indications in the practice of medicine, as our knowledge of the action of antiseptic remedies in inflammatory diseases increases, and apart from those

cases in which there is great pain it has no indication, and in cases of pain it is indicated only until hot applications or other means can control it.

Sterilize your children's milk, keep the bowels open every day, bathe the babies in cool water regulated according to the temperature, and let them live out of doors as much as possible, and we shall have less use for paregoric and the little white hearse.

79 Niagara Square, Buffalo, N. Y.

THE SUMMARY COMPLAINT: CHOLERA INFANTUM.

By John F. Runnels, M. D.

FEW mothers feel their helplessness as much, in caring for their little ones, as when they realize that what they have called "the summer complaint," has taken the form of a severe attack of cholera infantum, and she sees her loved one slipping away from her so gradually and yet so hurriedly that she scarcely knows he is ill until he is beyond human aid. Yet she hurries to the nearest physician hoping he can do what she has tried to do with her home remedies and failed.



J. F. RUNNELS.

But she has found, almost always in the past, that the sought for aid is unavailing. Now with the advent of the active principles in the practice of medicine these cases are not so appalling.

I was called in the hot days of August '96 to see a little boy three years of age. I found him in what seemed to me to be the last stages of the disease. This was when the alkaloidal method of medication was rather new to me and feeling sure the old remedies would be useless, as the little one's stomach ejected everything, I gave

the mother no hope, but started in with my alkaloidal granules to help save a life if I could. His temperature was 103° ; pulse 140 and very small in volume; tongue coated and inclined to dryness; countenance anxious and distressed; abdominal walls flaccid and inelastic, so that they could be readily pinched up into folds. The vomited matter consisted of a seromucous fluid, tinted green. Everything was rejected almost as soon as taken, the retching continuing even when the stomach was empty making the exhaustion very great.

The stools were very frequent and very copious, consisting of liquid, almost colorless, holding in suspension small, soft particles of fecal matter of a brownish color and a very fetid odor. The little form was much emaciated, skin hot and dry and that peculiar restlessness of the upper portion of the body indicating brain lesion was marked.

Can you imagine a more unpromising case? It was to be a severe test of my faith in the granules. I thought, if that child gets well it will be almost like raising the dead. The mother being a good nurse I left explicit directions knowing they would be faithfully followed. The little patient was to be sponged often while the temperature was about 101° ; cold applications to the head; with absolutely no nourishment for thirty-six hours, excepting a teaspoonful of cold water that had been previously boiled as often as he wanted it. The internal treatment consisted of the dosimetric trinity No. 1, four granules in twenty-four teaspoonfuls of water, giving a teaspoonful every half-hour until six doses were taken, then less often and to be repeated immediately when ejected by the stomach. One granule, grain 1-6, of sulphocarbolate of zinc to be given every hour until ten doses were taken, then every two hours. Also one tablet of calomel, grain 1-10, every two hour until ten doses were taken.

At the end of the thirty-six hours the vomiting was much less frequent; the stools farther apart and less copious, without odor and of a little more consistency. Now we began giving, in teaspoonful quantities, one part of cream to three parts of boiled water which he retained right from the beginning. And now for fear of trespassing too much upon your space suffice it to say that the little fellow progressed rapidly to recovery. I feel very sure that if the old methods had been tried he would have progressed more rapidly the other way.

While "one swallow does not make a summer," this one case rooted and grounded me in the use of the alkaloids. I feel safe in saying they will not disappoint when intelligently used. This number of the CLINIC being devoted to intestinal derangements, I hope it will be as chock full of meat on this subject as the previous numbers have been of general and special information. The great good of the CLINIC, to me, lies in the detailed experiences of the physician in the sick room.

233 Webster Ave., Chicago.

—:O:—

Doctor, I cannot refrain from congratulating you on the treatment of this case. It was admirably done from start to finish. The indications in the treatment of such a case are: (1) Remove the cause; this the child had done by vomiting and purging and you kept it from returning by prohibiting food till the body could use it. (2) To sustain vitality and promote bodily function; if there is anything better than the dosimetric trinity to do this I do not know it. (3) To disinfect the intestinal tube and stop the too free flow of mucus, what is better than the little granule of zinc sulphocarbolate? (4) To arouse natural activity; right here the small doses of calomel did their work and it only remains to use a few small doses of brucine or strychnine arseniate, with nuclein (Aulde) during convalescence, to make the treatment complete.—Ed.

SUMMER DIARRHEAS OF INFANTS.

By Theodore W. Peers, Ph. B., M. D.

ANY rational treatment must be based on the causes and pathology of a disease, so these should receive our first attention.



THEO. W. PEERS.

Micro-organisms undoubtedly play the most important part in the causation of summer diarrheas of infants, but not the only part. Undigested and irritating food, before it ferments or develops bacteria, may cause these diseases, but very soon infection takes place. These two causes are the important ones, and on them treatment should be based. There are many other things to be considered, not so much as the cause of the disease, however, but because they affect the development of bacteria or render the food irritating and difficult of digestion.

Hot weather is usually given as a prime factor in the causation of the disease, and rightly, too, but not as a direct cause but rather because it favors the development of bacteria, and lessens the digestive function. So it is with filth, impaired vitality and other causes, so called.

The fact that no two text-books, so far as I have examined them, give the same classification of these diseases, shows most patently our ignorance of the exact pathology and the complex nature of these diseases. In a general way we know that the disease means a catarrhal inflammation of a part or all of the alimentary canal; but the difficulty in deciding what part is affected and what is the degree of inflammation gives rise to the different classifications.

I am inclined to believe that some authors over-estimate the importance of an exact location.

As a rule, vomiting and the location of the pain show the disease to be largely

gastric. Tenesmus and fresh blood indicate colitis, and pain and tympanites around the umbilicus indicate enteritis.

This much in the location of the disease is of real importance, because the treatment is dependent on it; but a more accurate attempt at location is confusing rather than helpful.

The degree of inflammation can at times be inferred from the symptoms and duration of the disease, but accuracy is impossible, as Dr. L. Emmett Holt has often demonstrated by his careful and scientific autopsies.

What then are indications for treatment?

1st. To wash out the irritating and infected material from the alimentary canal.

2d. To make the canal as nearly aseptic as possible.

3d. To use such food only as can be readily assimilated and is not easily infected.

4th. To keep up the strength of the patient by every means at our command.

If the disease is largely gastric, use a stomach tube and wash out the organ thoroughly with warm boiled water, using an antiseptic if there is fermentation. If there is colitis, irrigate the colon with some mild antiseptic solution, as sodium sulphocarbonate. If the seat of the inflammation is mostly in the small intestines, use a brisk cathartic, as calomel, gr. 1-10, every twenty minutes until ten doses have been taken, for a child two years old. Then give a full dose of seidlitz salt. The indications for withholding the cathartic are collapse and serous discharges.

The use of some efficient antiseptic is very important. My preference is for sodium and zinc sulphocarbonates; using the sodium salt when there is an acid condition and in the first stages of the disease, and the zinc when the discharges are serous and in the latter stages. Bismuth, salol and euthymol are also useful.

The food question is of great importance, as bad feeding is almost always the begin-

ning of the difficulty. When we first take the case the best food for twenty-four to forty-eight hours is no food at all, unless pure water may be called a food. Milk is usually contra-indicated, because, as a rule, the cause of the disease is infected milk. The white of an egg in water, beef-juice and Bovinine are useful. When the child begins to convalesce and we desire to return to his usual food, great care must be taken to have it done gradually. Give explicit directions as to time of feeding, kind of food and also its amount. As a rule, too much food is given at a time, and the child is fed too frequently. Predigested food and the digestive ferments are useful at times.

No disease exhausts and emaciates a patient more rapidly than severe diarrhea, so that great care must be taken to keep up the strength. All the nice little attentions that a trained nurse or intelligent mother can give are of real value. The child should be held as little as possible. A cool bath is often most refreshing. In the way of drugs, some physicians place their reliance on brandy, but my preference is for strychnine or brucine. Caffeine is of use at times. Iron should be given later.

Topeka, Kansas.

INFANT FEEDING.

By P. H. McMahon, M. D.

THE infant at the breast receives for its nutriment a fluid which is fresh and sterile, with a temperature of 98°—100 F., and furnished in an amount proportionate to the age and size of the child.

On scientific principles and rational ideas it would seem that it is this fluid which we have to copy when we undertake to prepare a substitute.

The three important elements of milk of which we have most accurate knowledge, are the fat, sugar and proteids. The proteids of normal human milk have quite a nice range in their variation; still, it is now

well recognized that their average normal percentage is very much below that of cow's milk, so that under the same condition a larger curd will be formed with the latter than with the former. Now to render this curd finer and more flocculent and so modify cow's milk that it can be digested and assimilated by the infant, it is necessary to dilute it, which I do very successfully in the following manner:

I order fresh cow's milk, get it twice a day if possible; then have the mother or nurse take one heaping tablespoonful of pearl barley, wash it in three or four waters, put in a porcelain-lined or agate dish with one quart of water, boil ten minutes, then pour all this water off (this is important as it removes all irritating substances that might be on the barley); add another quart of water and boil for two hours, adding boiling water from time to time as it evaporates, strain and put in a cool place; mix equal parts of milk and barley-water, heat to the desired temperature and feed the child.

Caution the people as to the importance of keeping the bottles and nipples perfectly clean. The deficiency of sugar and fat seems to be of minor importance, as the infants grow and develop just as rapidly when these ingredients are not added.

If I do not see the baby at first, and it has been fed on some other food which causes a great deal of gastric and intestinal disturbance, I order pure barley-water for a day or two until the irritation has subsided, then add the milk, gradually increasing this amount until the desired quantity is taken.

If the child is very much constipated, I order oat-meal gruel, prepared in the same manner as the above. I do not consider it necessary to sterilize the milk, in fact I have had better results when this has not been done, providing the milk is fresh.

To prepare this food requires considerable attention on the part of the mother or nurse. It must be made daily, but they

do not object to this, as it costs comparatively nothing and the baby thrives.

I enjoy reading the *CLINIC*; it always contains a large amount of practical information. The editor is to be congratulated on its phenomenal growth and success.

Burlington, Vt.

SUMMER COMPLAINT.

By F. B. Gottschalk, M. D.

SUMMER complaint is an excellent name; the medical terms, entero-colitis, enteritis follicularis, etc., mean little and yet imply much. When the temperature is above 60° Fah. the disease prevails, just as measles disappears when the temperature is above 60° or below 40° Fah.



The organism which produces summer complaint thrives in a temperature of over 60° Fah.

Of 1,000 deaths in infants recently reported, 970 were either wholly or in part bottle-fed; only thirty were on the breast. Conclusions cannot be avoided. The bottle is an important element. Investigation shows that children of the poor run an enormously increased risk from diarrhea if they receive any nourishment except their mother's milk. Poverty leads to frequent opportunities for infection; for instance, we find the milk-pitcher on a table surrounded by dirty dishes, etc., with a slop-bucket immediately under the table. Infection cannot be avoided.

The breast is a cleanly source for milk.

Although hot weather favors the growth of the organisms, we had two winter epidemics last year, due to dirty lake-water (the same disease as in warm weather).

The bacterial toxins produced from pure cultures, when injected under the skin, produce the same symptoms as the

original trouble—diarrhea, vomiting and convulsions. These are due to the toxalbumins, in fact there are no non-nitrogenous poisons manufactured by microorganisms, with the exception of alcohol, which has to be given in very large doses to do harm. Therefore, get rid of and keep out the nitrogenous food.

When called upon to treat a case of diarrhea, it is of the greatest importance to know the nature of the bowel movements. A foul odor indicates that putrefaction is taking place, always of nitrogenous food. A sour odor indicates that fermentation is taking place (carbo-hydrates). The products of fermentation act merely as foreign bodies, and cause diarrhea by irritation and not by their toxicity.

The best method to test the toxicity of feces is to inject a small amount of it into a rabbit or guinea-pig. If toxic, convulsions will take place in a short time.

Normal feces is not toxic in small amount, otherwise we would see more manifestations of it, as toxins are absorbed from the rectum, the same as morphine, chloral and other drugs.

The lesions in the intestines are not the cause of the diarrhea, etc. In severe cases we may have death in twenty-four hours and have no lesions; while in cases of moderate severity the changes in the intestines are those taking place in a pneumonia: 1, hyperemia; 2, infiltration; 3, exudation; the lesion being in proportion to the severity and duration of the disease.

When we have reached the stage of exudation and possibly ulceration, serum, a nitrogenous material, is poured out and the bacteria grow in it, hence the difficulty in checking the trouble when it has reached this stage.

As an example showing that the lesions are not the cause of the symptoms, we all know that the intestines may be almost in tatters, due to tuberculosis, and still have no symptoms, not even nausea. We may have lesions and no symptoms, or symp-

toms and no lesions; lesions being merely anatomical symptoms. No infection, no lesion.

DIETETIC TREATMENT.

1st. Don't be afraid to starve the baby for twenty-four to forty-eight hours if necessary. The pinched face is not an expression of starvation; it is nothing more nor less than a toxic symptom.

2d. The old doctrine was to give bland and non-irritating foods, such as milk, white of egg, etc. Our present knowledge teaches us that milk, scraped beef, fish and white of egg form the meanest and ugliest forms of toxins, as they are largely composed of nitrogenous material.

Baked potato, bread and various forms of starches are better. They may be coarse and irritate the bowel locally, but not being toxic, are not dangerous, and don't feed the disease.

Give the infant arrow-root prepared with water instead of milk; rice-water or barley-water. A child under eight months will digest starch even if we can't explain how it is done.

A bottle-fed baby may be cured much quicker than a breast-baby, because we can change its food supply without any trouble.

DRUGS.

Give at first three one-grain doses of calomel to cleanse and disinfect the bowel; then calomel, 1-10 grain, every two hours, until the bowels have been freed from their putrefying contents and the stools have lost their putrid odor. Calomel in small doses is given to keep up the stimulation of the liver, thus rendering the intestinal canal antiseptic.

If diarrhea still continues after the putrid odor of the feces and the fever have left, we may give some drug to stop it, but usually this is not necessary.

Chicago, Ill.

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Scylla and Charybdis: putridity and fermentation. Avoid both by giving pure, freshly-pressed grape-juice as a diet.—ED.

PREMATURE LABOR. LONG FUNIS.

By J. M. Thornhill, M. D.

FOUR years ago I had a very peculiar case, that of a young wife in her third pregnancy. She had a premature delivery one year before, produced by Dr. M., for obstinate vomiting and as a last resort to save her life, as I was told. I did not see the doctor, so I could learn nothing of the peculiarities of the case.

My patient was in her sixth month of gestation and had vomited for six weeks incessantly, retaining nothing apparently, not even cold water. All known remedies failed to give any relief. Cocaine and oxalate of cerium had no effect although given in full doses and frequently repeated.

As a last resort and to save the woman's life I determined upon a delivery. She had had no uterine pains and there was nothing to indicate a threatened abortion. The patient was very much emaciated, the walls of the abdomen thin and lax. I could hear the sound of a feeble fetal heart, and by external palpation feel a mass of bones. The head and lower extremities lay together. A vaginal examination revealed nothing definite.

She lived some distance in the country and a consultation was not practicable, so I determined to go ahead alone with the means I had at hand, and to lose no further time. I therefore attached a female catheter to a fountain syringe, introduced it well into the womb and turned on a quart or more of boiled warm water. I felt the womb enlarge under my hand, and when the distention was sufficient to increase the size of the womb at least one-third, I shut off the stream, withdrew the catheter and awaited the result. I did not have long to wait. Pains came on at once and the water was thrown out with a gush.

Upon examination, *per vaginam*, I found the os dilating, the membranes filling and pains coming on regularly and rapidly. After the third or fourth pain I found the

os dilated to the size of a silver dollar and the membranes tight and protruding through the os. I ruptured the membranes at once and with the discharge of the waters the breech presented. I attempted to bring down the feet, but found them securely tied to the neck by the cord. I failed entirely to get any other than a breech presentation, although I turned the child more than once. When the feet were brought down the head was there also; when the head was brought down the feet were there. The child being small I determined to deliver by the breech, which I did by hooking the four fingers of each hand in the groins and pulling steadily and fiercely with each pain.

The child never breathed. It was imperfectly developed; the cord was seven feet long and was tied or wound about the child in every imaginable direction, around the neck, under and around the arms, between the legs and around the body. The circulation was cut off the right arm from above the elbow by a tie of the cord around it; the limb was black and gangrenous, the epidermis peeling off on the slightest touch.

The woman made a good recovery, and ate and drank from the time of delivery.

The peculiarities of this case lie in the abnormally long cord, which some of your readers may think was a stretch of imagination in me; and the originality of the mode of bringing on a premature labor at once without danger to the patient, etc., etc.

Poplarville, Mass.

—O:—

This is indeed a remarkable case if all the symptoms and conditions were fully and correctly interpreted. It would seem, however, from the conditions present after delivery, that the Doctor was mistaken about hearing the heart-sound the day of delivery. It is easy to be mistaken in such things; and it is never safe to assume that you hear the foetal heart-sound until you exclude, with the watch, the possibility

of its being the placental bruit, the mother's pulse-beat, or even the physician's own anxious palpitation.

But the important part of this paper is the excellent and somewhat novel method (devised, I infer, *de novo*) adopted by the Doctor to induce labor. The treatment of the case was most excellent in every particular. Such long cords seldom occur, and when they do are very likely to cause the death of the foetus, as in this case.

I trust that Dr. Thornhill will not take offense at the CLINIC's free expression of opinion, which is as friendly as it is free and made for the best good of all concerned. The purpose of our work is practical helpfulness.—ED.

SUMMER DISEASES OF CHILDHOOD.

By John Aulde, M. D.

IN the present article, devoted to a study of the summer diseases of childhood, I shall consider the questions relating thereto



JOHN AULDE.

from the following different points of view, namely, modern treatment, routine medication and the physiological basis of treatment from the scientific standpoint. This somewhat arbitrary division has been decided upon for several reasons, but chiefly because of the opportunity it affords for showing the incongruities connected with the methods which have hitherto held sway, and besides, it enables me to demonstrate the inharmonious features that have recently become so prominent in our efforts to erect a substantial scientific structure.

Modern treatment has, undoubtedly, been distinctly influenced by the apparent results of bacterial research, and it is even now supposed by many that when we have succeeded in discovering medicaments which arrest the growth and multiplication of these micro-organisms the "art" of

curing disease will be supplanted by what may be termed an exact science. Working upon this theory as a basis, the surgeon has made great advances during the past fifteen years, so that he no longer fears the invasion of microbes, and it is not beyond the range of possibilities that the work of the physician will eventually lead to like conclusions. Indeed, we have now abundant evidence that it is not absolutely necessary to attack disease solely with a view to destroy micro-organisms and their products, since although so-called antiseptics are generally administered, the amounts given are far too small to effect this object.

No practical and intelligent physician would be willing to claim that the small doses of zinc sulphocarbolate are sufficient to thoroughly disinfect the entire alimentary canal in an ordinary case of typhoid fever, or even in a case of moderate diarrhea. The same is true of copper arsenite, which effects marvelous results in properly selected acute cases of the latter named malady, while the dose is almost infinitesimal.

In the original paper which I published upon this remedy, (1889) I suggested that, possibly, the effect was produced through the mechanism of the nervous system, and I would like to add, now, to that suggestion, my later impression, that copper arsenite acts through the mechanism of the nervous system by stimulating cellular activity, and thus increasing the resistance of cellular structures to the invasion of microbes and their products. Of course, it must be apparent that whatever increases the resistance of the organism to disease processes, at the same time augments normal metabolic changes, so that this theory is in perfect harmony with physiological laws.

Routine medication, as viewed from the modern standpoint, must be regarded as of secondary importance, although I confess that in my early experience, combinations of bismuth and chalk mixture, with or

without the digestive ferments, frequently accomplished very satisfactory results.

Nevertheless, there were always a number of instances in which these measures failed, when the further treatment became entirely puzzling. It was then that we were compelled to resort to anodynes, and that meant a prolonged convalescence, if not a fatal termination. Fifteen or twenty years ago, the theories held in regard to the treatment of summer diseases of childhood were empirical and lacked scientific confirmation, and since they presumed, or, perhaps, I ought to say, assumed, medicinal properties in absolutely inert medications, most of which were calculated to interfere with or retard the normal functional activity of the cellular structures, their objectionable character must be apparent to the most obtuse. Professor Bartholow taught us that we should be prepared to give reasons for the faith which was within us, and for many years I have faithfully adhered to that commendation, never administering a remedy or combination without being prepared to give ample reasons for my belief in its physiological adaptability to meet the conditions present.

Let us glance, then, at the physiological basis of the treatment of summer diseases in childhood, considering these affections as usually met with, namely, during their incipency or early history, when they are presumed to be functional in character. They arise from a number of various causes, such as improper food, exposure to sudden changes, long-continued heat, and from local causes, such as skin eruptions, teething, lack of cleanliness. All these causes produce uncertain effects upon the nervous mechanism, deranging functional activity and lessening resistance. Lessened resistance means failure in elimination, and any remedial agent given without taking into account this important factor is well calculated to do harm, by adding to the original malady a factitious disease. All

these causes which have been mentioned as factors must be regarded as danger-signals around the circumference of a circle, pointing to a central object of vastly greater importance than any or all together, and that central object is, beyond peradventure, the nervous system.

At this point I should like to interpolate a new theory which will bear further investigation, namely, that the discharges incident to summer diseases in childhood are conservative in character, and when this idea is accepted as a "working hypothesis," the first step will have been taken toward attaining a strictly scientific basis for treatment.

Take an ordinary attack of summer diarrhea, for example. Practitioners who have grown gray in the service recognized the theory here propounded, but they acted upon a wrong interpretation, by giving castor oil, epsom salts or some other simple purgative. The object they had in view, was to clear the decks, but too often in "clearing the decks for action," they later found that they had thrown overboard their entire supply of ammunition—the vitality of the patient had been undermined, resistance to the inroads of disease reduced to a minimum, so that the patient fell by the wayside and was gathered to his fathers.

Now, my own interpretation of the conservative processes of nature differs very materially from that which has been described. I believe that the increased discharges mean an effort on the part of nature to counteract the effect of some irritant substance, and that the watery portion of the blood (which forms these discharges) contains elements for that specific purpose. Nature will accomplish this work effectively at times, especially when the sufferer is robust, but usually these attacks produce profound prostration, proving, as I have already intimated, the involvement of the nervous mechanism.

Here then, is a demand for the thera-

peutic "art," but unless guided by the modern scientific search-light, our efforts must be fruitless. While it is true that the employment of purgatives may rid the system of a portion of the micro-organisms which have found lodgment in the intestine, it is highly improbable that all of them should be swept away, and as we know that they possess the power of multiplying at the rate of millions in the course of a few hours, the fallacy of purgative treatment becomes manifest. It is further in evidence that the bacteria have but a short life-history, and like other forms of animal and vegetable life, cannot exist when the material upon which they subsist is surcharged with their own secretions.

It is also well-recognized fact that there are cycles in bacterial life, and that a micro-organism which is virulent in the morning, owing to certain varying changes in its surroundings, may be perfectly harmless at night. This is an important fact which should not be overlooked; but its importance is of far greater significance when it is taken into consideration that nature is making every possible effort to render the field of invasion inimical to their welfare.

She does this by sending an increased blood-supply to the parts (inflammatory reaction, which in turn produces inflammatory leucocytosis), and as a consequence the output of "defensive proteids" is hourly augmented. Nuclein being the chief of the so-called defensive proteids, it follows that our efforts should be directed towards maintaining a healthy condition of the white blood corpuscles which produce this substance. When the indications point to a lack of this substance, it should be administered artificially. In the incipency of an attack it may be necessary to adopt the temporary expedient of exhibiting arterial sedatives, such as aconite or gelsemium; again, the condition of the alimentary tract may be such as to demand antiseptic remedies, such as zinc sulphocarbolate, copper arsenite or some other

harmless medicament, but in all cases characterized by pronounced depression, or when the patient is in a debilitated condition, the omission of nuclein must be regarded as a serious oversight, while its distinct value in convalescence cannot be over-estimated.

Philadelphia, Pa.

SUMMER TROUBLES.*

By Dr. Ben. H. Brodnax.

During the first part of the attack, when the bowels are on the mend no solid food should be allowed. Every starchy food should be debarred at all times until the case is far advanced toward health. Fresh lean meat broiled is preferable to any kind of starchy food. Predigested foods come in here very handy, and we can hardly go amiss in the choice.

I thought some of our brethren might like to know what I have found serviceable in this hot climate, and as we are having our "spring visitation" of the trouble I give you the list: Horlick's malted milk stands first with me after many years' trial. Paskola is first-class every way. Mosquera's beef-meal is excellent, but the price hurts my pocket. Protonuclein comes in very nicely, and also Aulde's nuclein. In the absence of these, use the old-fashioned "toast-tea," a good corn-meal gruel, well made, with a drop or two of essence of lemon and some salt. If the patient is old enough to be directed, have him chew the juice out of some well-broiled chicken or squirrel, throwing away the fiber.

The much abused "beef-tea" I find is "A 1" every way.

It must be borne in mind that Dr. Tanner "fasted forty days and did not die" very much. There is a great dread of little sick folks starving by parents, and they are hard to convince that a sick child can go without any food for a week if allowed

plenty of water. Avoid wines and coffee. Give whey or fresh butter-milk in small amounts, or fresh milk just brought to a simmer, frequently.

There has been much of a war on prepared foods lately. "They are stale;" "they are altered by age;" "they become poisonous by being kept too long on hand;" are some of the complaints. There may be some truth in it, but not much. I've a bottle of "mottled milk" that has stood on my office shelf for two years. I gave half of it to a lady for her two-year-old child, and she made no complaint whatever. On the contrary, she praised its effects very much. I had told her its age, and to note how it acted. I am rather partial to some proprietary foods, because they are so much better every way than anything I can make or have made. I would suggest to manufacturers of these foods that they furnish physicians the fresh article, direct from the factory, at a slight advance on the wholesale prices.

Now a word about milk, which in some form must be the basis for infant feeding, whatever else may be given. *Modern Medicine* says:

"Practical and every-day experience shows that when milk is boiled it is not only more easily digested, but that it has a nutritive value quite equal to the raw article. Experiments undertaken by Dr. C. Chamouin (*Canadian Lancet*), first with kittens and afterward with infants, showed after exhaustive and repeated trials that the kittens fed on boiled milk were 'twice again as fat' as those supplied with the raw milk, and that the boiling of milk is the means of preventing the loss of innumerable lives by gastro-intestinal disease. Not only so, but it is more easily digested, and agrees with a far greater percentage of cases than unboiled milk."

And I include, it here for what it is worth.

Brodnax, La.

—O:—

Can we not settle this question by trial of boiled and unboiled milk; weight is not always strength.—ED.

* Omitted by the author from his paper, page 369, this issue. Read in connection therewith.



MISCELLANEOUS

The pages of this department are for you. Use them. Ask questions, answer questions and aid us in every way you can to fill it with helpfulness. Let all feel "at home."

NOTES ON THE MAY CLINIC.

Editor Alkaloidal Clinic:—The editor's sensible remarks on "When Not to Eat," page 242, deserve to be generally minded,



E. P. EPSTEIN.

The "Hunger Cur" at Baden had great success. Patients used to get about four ounces of wheat bread and one tumbler of water in twenty-four hours. And the wonder was the enormous amount of feces they evacuated. Among the "Conditions" of the body when one should abstain from eating, though hunger be present, I would mention over-fatigue and exhaustion; also after sudden fright or profound disappointment and anger. The disturbed balance between the cerebro-spinal and sympathetic nerves will give us the reason.

"The Treatment of the Wheat Kernel," page 242, speaks of its *ill* treatment. The staff of life that supported our forefathers was a stout one. Ours is an elegant, ornamental promenading cane, and does not support us well. A bread reform movement is much called for in our thoughtlessly luxurious generation.

In the article "Marrow," page 243, the editor recommends the use of "Butterine," for which may God bless him, for I fear the butter-making farmers will not do it.

In "Scurvy" and "Convalescent Scurvy," page 244, the editor believes that these obtain in protracted diseases and in typhoid, and urges, therefore, the use of vegetable acids, though he confesses, "we do not know what functions these fulfil in the human body." Forcibly does this remind me of the "Himbeeren Saft" and "Him-

beeren Essig" (raspberry syrup and raspberry vinegar), which the good German housewife has always at hand at every fever patient's bed. And few syrups are more used by the European German physician in his prescriptions than the *syrupus rubi idæi*. One thing more: A well-known German remedy against scurvy is fresh beer yeast, four to six ounces in twenty-four hours. Now scurvy is a disease of the blood and blood-vessels. The question in my mind is, what relation has this remedy to the nuclein derived from the yeast plant, and this to the scurvy?

"Don't Shoot," page 244; no, dear editor, not I nor the many like me, who are old enough and know enough to know that we know but little. Give us, too, old gray-beards, some more of the old remedies that were crowded out by fashion and forgetfulness. Give fortune's wheel of fashion a vigorous swing, and bring what is forgotten below to the top again.

"A Critic of Alkalometry," page 245, to wit, in the *Eclectic Medical Journal*, reminds me of the question and answer: What is the difference between orthodoxy and heterodoxy? Answer; My doxy and not your doxy! Eclecticism is with some or many in our day but another name for particularism, by the which alone they think to preserve intact the craft that makes specific silver shrines for the temple and goddess Diana, the great and only. A specific case of misplaced conservatism against the true eclecticism of alkalometry, which has nothing in common with that brother-hating agriculturist, Cain of old. I looked up the record of that old fellow and found it thus: He was a morose young chap, in whom his mother was much mistaken, and from whom even the very gentle sheep fled in fear. He was very unlike his brother, the gentle Abel, who easily gathered a flock of sheep, which he herded in safety, and who gave him a comfortable living.

The fraud farmer Cain could do no better than take up his father Adam's occupation

of grubbing in the briars and thorns and eke out an existence by the sweat of his brow. He knew the Deity, Jehovah, and getting a fit of piety bethought himself to propitiate Him to get a better living by offering Him some of his scrubby fruit. Jehovah, however, made a true diagnosis of the fraud's character, and utterly neglected him and his offering, and accepted gentle Abel's thankful offering.

Cain, the fraud, made no investigation, such e. g. as the editor would have his eclectic friend make, and "without investigation" got a deadly deep grudge against his brother, Abel. Jehovah warned the unreasonably grudging brother against such feelings and their consequences, and pointed out the way to repentance and reform, but to no avail, and the next chance Cain got he killed his innocent brother, Abel.

Such is the record from the original, for whose correctness I am willing to stake my linguistic reputation, whatever it may be. Now I submit, Mr. Editor, that your indirect indictment of that Deity for abetting undue conservatism is not proven from the record. Incorrect, too, is the parallel you seem to draw between Cain and progressive alkalometrists, and by implication between Abel and eclectics. Just the reverse, by your leave! Cain by inclination and occupation might, for aught I know, have been a conservative herb-doctor, for agriculture certainly preceded zooculture, and Abel, if he lived, might have become a progressive alkalometrist, for Jehovah is always on the side of truth and progress, and He favored Abel for his good qualities.

"Are you going to Moscow?" page 246; yes, if any company of physicians going there will pay my fare for acting as interpreter.

For the treatment of "Trachoma," page 246, the ophthalmological friends of the CLINIC will want to know the stage to which the disease has attained. Although not a specialist, I might yet tell that "valued correspondent" what may be of use to

him if I knew the present degree of the trouble.

"Subconjunctival Medication," page 246, is novel, and of immense value. In asking the thousands of readers of the CLINIC to test and report on it, I think I am voicing the request of many other thousands.

Editor Abbott gives us an excellent paper on "Flour of the Entire Wheat," page 247. It is an economic hygienic sermon without a text, but from it the readers may take many a text for preaching important health doctrines to their friends and acquaintances.

The American tyrant fashion and his fondly submissive people are to be blamed for American dyspepsia and neurasthenia. If that tyrant could be induced to be for the people much could be accomplished in this instance. But he is always against them, *sic semper tyrannus*, and ours may remain a mere pious wish. Yet, reader, read that article, and then turn back and look at that healthful kindly face and figure of the author of it, who surely practises what he preaches, and be persuaded to have at least that wish.

Dr. Borts, page 251, speaks of "When not to Eat," i.e., in a diseased state of the system, and so far one can heartily subscribe to the good old truths to which he gives very apt expression. But when he makes the sweeping assertion that "our drugs do not cure, but at best only assist nature in restoring the organs to a healthy condition and function," he provokes the inquiry after the distinction in the difference between drugs curing diseased nature and their assisting nature to cure its diseases? To cure means to take care, of what? That nature should not push a diseased state to a fatal termination. Good old Watson said long ago that the healing art consists in obviating the tendency of disease to death. But the doctor cannot be accused of nihilism in therapeutics, as witness the rest of his good paper.

Our friend and teacher, Dr. John Aulde, page 253, presents us with a highly instructive paper on "The Food Problem." Dear readers! Am I exaggerating when I say that this is one of the very best papers that we have been favored with from this forcible writer? Read it again and admire with me the doctor's rational physiological therapeutics, not forgetting to remember well his invaluable nuclein. *Palmam qui meruit ferat!*"

Dr. Waugh, page 255, gives us gratefully to be received directions of "Diet in Typhoid Fever," for they are in detail and full of reasons for the success he had with them in multitudes of cases. In cases of "doubtful absorption of fat by the alimentary canal," he recommends the "rubbing it on the skin, the digestive and the absorptive capacity of which is considerable, though we know not its limitation." This reminds me of a case to the point. My first-born child, fifty years ago, came to the world small, feeble, and the first day of its existence became exceedingly icteric, which became somewhat less on the passage of unusual amounts of meconium. The feebleness and lack of power to nurse continuing, a good old woman recommended and carried out the following procedure: A dough of finely sifted rye flour was made and rolled in a sheet, in which the naked infant was wrapt from head to foot. This was renewed twice in twenty-four hours. It was also bathed daily in a strong decoction of bean, to which a liberal amount of beer was added. In about two weeks the child regained strength and grew up well.

Dr. Hannah C. Fleming, page 258, contributes a very excellent article on "Diet in Fevers and Diseases of the Digestive Organs." The editor says of it: "We of the CLINIC brotherhood feel like congratulating ourselves on the acquisition of Dr. F." etc., etc. Please include the old man, me, in that "we."

In "Electricity in Diseases of the Eye," page 257, Dr. Walling writes on "Atrophy

of the Retina" and "Of the Optic Nerve;" also on "Cataract." The doctor's rationale and technique of treatment are so clear that even a non-specialist can understand. Dear doctor, I grasp eagerly your "extended fraternal hand," as it helps somewhat the *festinare lente ad exhaustandum vigoris vita*, which makes itself more and more felt.

Dr. Coleman, page 262, writes on "Chronic Functional Uterine Derangements," in his usual attention-commanding style. Making, however, an excursion to discuss the "food question," he lauds the good habit of "leaving the table hungry," i.e., from choice. But what of those who have to do it from necessity? He is also "believing that every being, sick or well, is a law unto himself". But I would very humbly submit, that just as some self-made men are badly made, so that "law" may be a bad one, as many human laws are. In recommending preferably, as a supplement to inefficient mother's milk, "the old English pap or panada," he very judiciously urges the salting of it with phosphate of soda, and it is to this that the "it" and the "two to five grains" in the next paragraph must refer. In the ¶ "However," same column, I am not certain as to the antecedent to which the relative pronoun "who" refers; to the "medicasters" or to the "women," or perhaps to women medicasters? The doctor's method of pneumatic replacement of a displaced uterus recommends itself readily.

Dr. Zophar Case, page 264, contributes a very noticeable article, and in his clearly pointed style, on "The Therapeutic Uses of Calcium Iodide in Coughs, Colds, etc." in which "etc.," is included "that dreaded disease of childhood, croup, both in the catarrhal or spasmodic, and the membranous forms." Dr. C's statements always command my respect and confidence, and when he makes them "advisedly," as he says, they do it doubly so, if possible. Dear readers, let us try this remedy, and let us know from many quarters about it.

Dr. A. Atkinson's fine paper "Alkaloidal Medication, an Advance, etc." page 266, is gratifying to us who use it, and instructive to the many yet inquiring about it, and good reading to all of us. The sentence "some alkaloids, etc." page 268, line fifteen from bottom, is obscure to me. In the list of alkaloids page 239, the drug for hyoscyamine should be "henbane."

Dr. E. Mather, page 269, grasps the whole beneficial subject of alkalometry in the few *multum in parvo* paragraphs of his "Dosimetric Therapeutics, etc., etc." Let the busy, one-school-self-satisfied, and professedly know-all practitioner read this, inwardly digest it, and it will, I think, work in him a very beneficial metabolism of his gray matter, provided it is not much atrophied.

Dr. N. T. Dulaney's paper on "Cystitis" page 270, is a very useful resume of the subject. I miss in it, however, the use of the double current catheter in washing out the bladder. Is the good doctor against it? And why?

The first part of Dr. E. Chenery's paper "On the Ragged Edge," page 275, will sound almost incredible to those only who are not acquainted with the educated fanaticism of Boston, the Hub. The second part of the doctor's paper is both credible and creditable.

Dr. Epstein and two of his daughters are very thankful to the editor for the thiosinamin, which will be used as soon as pressing school engagements will be over, in a few days. Results will be reported.

Dr. Chatham, page 280, in "Pneumonia," is dissatisfied with the vague term "Heart-failure" as a cause of death. He is about right. A term should be an expression of knowledge, and not a mere *sit venia verbo*. But so is the good doctor's "lack of vital force."

Step-brother, eclectic Dr. W. H. Van Doren, page 282, in "Pneumonia" is not choice in his language against Dr. Sangree, who, and the editor, answer him fitly. The

doctor professes to know much about tongue evils, and reminds me to point him most earnestly and seriously to the tongue evil of which the Apostle James speaks in the third chapter of his Epistle. "Physician, HEAL thyself!"

From page 284 to the end, the May Alkaloidal is a veritable poly-clinic.

What an amount of sterling experienced thoughts are crowded in these twenty clinical cases! THE ALKALOIDAL CLINIC is an established success, and successful too are its readers, and thousands more should share in it. Amen!

That the CLINIC, its editors, and its contributors and readers may continue to be a blessing to each other is the ardent wish and prayer of their friend and servant.

DR. EPSTEIN.

West Liberty, W. Va.

URTICARIA.

Editor Alkaloidal Clinic:—Your advice in regard to treatment of my patient with urticaria came to hand January 24, and I at once adopted your additional treatment of weak mustard baths and the phosphide of zinc, gr. 1-6, with the best of results, as my patient has seemingly entirely recovered.

HANNAH C. FLEMING, M. D.
Falls City, Neb.

INTESTINAL ANTISEPTIC.

Editor Alkaloidal Clinic:—In reply to "Help Wanted," in the May CLINIC, I must thank you for your prompt reply by mail with samples and advice. I put the little patient on the W.-A. Intestinal Antiseptics at once and gave the Infants' Anodyne granules as advised for nervousness.

The antiseptics showed a marked improvement in the bowels promptly, as also did the little anodyne granules on his nervous system. There was such a marked improvement that I did not order the wine of pepsin with wahoo, as recommended.

The W.-A. Intestinal Antiseptic is an improvement on copper arsenite in this case. I continued to give him one tablet a day, and for a tonic have put him on syrup of iodide of iron, three drops; strychnine arseniate, gr. 1-250; quinine sulphate, gr. 1-8, three times daily after meals. In addition, I give also one tablet of nuclein (Aulde) before each meal. For his liver when necessary I shall give syrup of rhubarb, with hydrastine and emetine granules.

Dr. F. H. Bailey, Muscatine, Iowa, responded promptly by letter, suggesting the hepatic (eclectic formula) granules for his liver and guaiacol, in a cod-liver oil preparation, with nuclein and the hypophosphites. I am going to try this, and am satisfied it is a valuable preparation.

Dr. J. D. Ebert, Dundee, Ind., prescribed, among other good things, maltine, with pepsin and pancreatin. I have used this preparation in stomach troubles and have found it excellent. Dr. Ebert thinks, and so do I, that the most serious trouble is the nervous one mentioned. It is alarming at times, and he looks as if he would go crazy.

The Anodyne for Infants has had such a happy effect that I feel much encouraged.

The little fellow was sick three months last summer with this same bowel trouble, cholera infantum. I had all the doctors in the neighborhood, with no success at all, until I sent for Dr. W. J. Macnair, of Jarratt, Va., who brought him out of the "Valley of the shadow of death" with your little alkaloidal granules. Until then I had known nothing of alkaloidal treatment.

Do you know, I consider these little anodyne granules one of our best remedies in all forms of teething troubles, such as restlessness and fever, diarrhea of dentition, convulsions, etc.

Dr. J. W. Mowell, Olympia, Washington, thinks I am starving him on artificial foods, and not giving him plenty of fresh foods, such as beef-steak, fresh cow's milk, orange acid, etc. I wish to remind the

doctor that his principal diet is eggs, soft-boiled, boiled chicken, chicken and beef soup, plain corn-meal mush, butter, baked apples and condensed milk. Our beef-steak is too tough, but I often give him the juice from the steak. His appetite is abnormal and has always been so, and it is almost impossible to prevent his eating too much.

His temperament is extreme nervous, about the hardest combination to manage.

I am thankful indeed to the CLINIC and its readers for valuable assistance.

A. MATTHEWS, M. D.

Emporia, Va.

P. S. — I believe in cholera infantum cases this summer you will find the W.-A. Intestinal Antiseptic one of your best, if not the very best preparation in your list. Armed with that and calomel, gr. 1-12, every half-hour until effect, a case of cholera infantum can be jugulated in short order. Then feed on Carnrick's soluble food and give Peptenzyme with each meal until the patient recovers. A. M.

—:O:—

Although we have only sent out a few trial lots of the new antiseptic, the reports coming in indicate that it is really a hit.—ED.

PRURITUS.

Editor Alkaloidal Clinic:—In regard to your inquiry for an efficient remedy for pruritus, I will say that an alterative is indicated; and one may choose from that class the one that seems best to apply to the patient treated. I have had excellent success with colchicine in certain cases, given in doses of gr. 1-134, five or six times a day, until it acts upon the bowels. Locally I use talcum with carbolic acid. What has given general good results without any other treatment is the following dusting powder: Salicylic acid, one drachm; quinine sulphate, one drachm; prepared chalk, four drachms. Direct: Use as a dusting powder twice a day.

The bowels in every instance should assuredly be kept in a soluble condition, and for this Waugh's laxative is excellent. Iodide of potassium and rhus tox., as alteratives in these cases, have also given good results when the individual indications were equal.

I am having good success with the alkaloidal granules, and hope soon to replenish my stock. The CLINIC is a welcome visitor among the ten journals that come to my desk, and I would sooner spare any one of the others than it; though some are five times its cost and valuable too. But they do not enter into the family circle like the CLINIC. It is a little talk with earnest friends in the interest of humanity.

T. R. REED, M. D.

Cheshire, Ohio.

ZOMAKYNE.

Editor Alkaloidal Clinic:—Some one asks in the CLINIC, page 354: What is "Zomakyne?"

Answer: A very pleasant compound of acetanilid, eighty parts; caffeine, six parts; and some pleasant alkali, fourteen parts.

It dissolves easily in the mouth and stomach, produces a pleasant, restful feeling in doses of five to seven grains, is a pleasant reliever of pain in ten to twelve-grain doses—all pain, headaches, backaches, that tired feeling, that is, when you are sitting up or going about. Ten to twelve grains will put you to sleep and sweat you if you will lie down and be quiet. It does not produce cyanosis, as some say acetanilid does. I have used it for aborting chills in malarial attacks, same as the acetanilid by itself and with the same success. With salol it is a safe thing with which to treat some of our very common bowel diseases in this hot climate.

Every way it is a pleasant pain-reliever, and I am of opinion that most of these "headache cures" are about the same mixture.

It possesses an advantage, *i.e.*, it is not a "patent medicine," and is safe in almost any prescribed dose as to age.

I have used a considerable amount of it, as well as some other good articles put up by the same house, and have no fault to find with it; but, on the contrary, have every thing to say in its favor.

Another thing in its favor is that there is no "habit" formed by its continued use. After using it myself every night for six weeks, five or six grains, to help me to go to sleep and test its effects, I found very little, if any, difficulty when I left it off.

It is put up in tablets, five grains, and in powders. It is not a bad dressing for sores or burns; as also for wounds if you happen not to have your favorite dusting powder with you. Also, it is as cheap as it is good, and that is saying a good deal of any medicine. Those who once use it and test it thoroughly, as I have, will be of the same opinion relative to its many good qualities.

DR. BEN. H. BRODNAX.

Brodnax, La.

PRICKLY HEAT.

Editor Alkaloidal Clinic:—Prickly heat is caused by the excessive perspiration produced by the heat of summer, washing away the natural oil that protects the mouths of the millions of pores in the skin; thus producing an inflammation and swelling of the tissue surrounding their orifices, closing the duct and confining the secretions, which, attempting to escape as one becomes warm, cause the tingling and sweating.

Babies are the greatest sufferers, as their skin is very tender.

Now comes mamma with her soap or ammonia and gives baby a good (?) bath, removing the last vestige of oil, and wonders that baby is not relieved.

Throw the soap away, pour out the ammonia and use nothing but warm water, with a little salt in it; and after this bath

rub on some sweet oil or vaseline; and your baby will rise up and bless you.

This is the experience of a Florida cracker, who knows whereof he speaks.

WM. H. CYRUS, M. D.

Palatka, Fla.

—:O:—

And so the wheel circles round, and we come back to the oleaginous inunction of the Greeks. Try it, brethren, and let us know the results.—ED.

QUININE STRENGTH OF QUININE ARSENIATE.

Editor Alkaloidal Clinic:—Will you please state in your next issue the strength of quinine arseniate as compared with quinine alone, more especially as an anti-periodic and antineuralgic?

DR. R. TAYLOR.

Mt. Vernon, Ill.

—:O:—

Quinine arseniate contains about seventy-five per cent of quinine alkaloid, the balance being arsenic. The combination is far more efficient than the sulphate alone, not only on account of its peculiar combination but from the fact of its greater solubility. What is present and acting in the system is what does the work and not the amount that passes into the body. Note Coleman's writings and those of other able contributors to the CLINIC during the past three years.—ED.

A POINT IN THE TREATMENT OF CHOLERA INFANTUM.

Editor Alkaloidal Clinic:—I have long used copper arsenite in minute doses for all or nearly all bowel troubles, not only of children but of adults. I also use atropine hypodermically for a child in the collapsed stage of cholera infantum. The effect is little short of magical. I take a tablet of morphine sulphate, gr. 1-4 and atropine sulphate, gr. 1-150, dissolved in 1-2 ounce of water and then I inject ten

(rarely fifteen) minims; and how quickly the whole appearance of the child changes with this safe and minute dose. Pushing the copper arsenite, sometimes adding hydrargyrum cum creta, I rarely lose a child. In fact I cannot now recall a death in several years.

A. G. CLYNE, M. D.

Bethel, Ark.

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The doctor has given us a very important point in his use of atropine, combined with a sedative. You must bring the blood to the surface and you must control irritation; and nothing will do it better than the drugs mentioned. It is better, however, to use atropine in the early stages and avoid the collapse thereby; and of all the remedies for cholera infantum, combined with strychnine and vital incitants, I know of none so worthy of confidence as atropine. It should be pushed until the face flushes, regardless of the quantity required. As soon as this occurs, a material improvement may be noticed, many cases being effectually aborted thereby. This use of atropine will be found mentioned on page 20, of my little Applied Therapeutics, under the heading of "Cholera Infantum." The great value of nuclein in bowel difficulties should not be lost sight of. It is the reconstructive par excellence.—ED.

CALCIUM SULPHIDE.

Editor Alkaloidal Clinic:—Some practitioners touch this drug very tenderly, hence we will start with the proposition that calcium sulphide is absolutely harmless. In a case of diphtheria in a patient eight years of age, we gave one-half grain every hour for four days with no bad results; on the contrary, we cured our patient with scarcely any other medication.

This fear is probably owing to a want of knowledge concerning the drug. Guilt does not attach to the doctors but to the authors on *Materia Medica*. Let's see the want of information concerning it.

Bartholow says: "A succession of boils or scrofulous and other abscesses are made to mature and the expulsion of pus is favored by it. It will cause threatened abscesses to abort. Small doses (gr. ss—gr. 1), every hour or two are most effective." That's all he knows on the subject.

Now we examine Dr. Potter, who says: "It is extremely efficient in crops of boils, scrofulous sores, glandular enlargements, acne, etc., and will prevent or limit suppuration. For these purposes it must be given in small doses, gr. 1-10, frequently repeated." This is all the doctor says about it except that it is "unofficial." (Consider Dr. Epstein's "Devil and holy water," quoted in this "unofficial" connection.)

Our next witness is Dr. Shaller (Dosi-metric Medication)—bless the book! We carry it in our breast-pocket by day and sleep with it under our head by night—for Shaller says of this drug: "The drug is decomposed in the body, the sulphate of lime passing out with the feces, and the sulphuretted hydrogen is absorbed into the blood and eliminated by the skin and the lungs. Because of this elimination by the lungs this drug produces excellent results in diseases of the bronchial tubes, where the sputum is scanty and tough, where the cough is distressing." (I cured my own son of la grippe with no other drug, and he made a better recovery than some of my patients who got plenty of medicine.) "Where the expectoration is putrescent the character of the mucus is materially changed and the cough relieved by its administration. A most important application of the sulphide of calcium is in the treatment of zymotic diseases. The septic materials produced by the disease are probably neutralized by the presence of sulphuretted hydrogen in the blood."

Acting upon the suggestion contained in the paragraph above, we treated a case of puerperal septicemia with calcium sulphide, giving gr. 1-2 every hour for forty-eight hours, with vaginal injections of

bichloride solution. We gave the calcium sulphide with the distinct understanding that it was to be decomposed in the body and that the sulphuretted hydrogen would be absorbed by the blood, and there it would meet and neutralize the toxic materials from the bacilli. This we did because we thought it rational, but before the case was ended we picked up the *Medical Council* and found an article by Dr. W. F. Waugh, our kind and able editor, on "Sapremia," where he used this drug and says: "This is one of my boldest attempts to test Burggraeve's idea that calcium sulphide is the remedy for the septic or infectious element in all diseases of microbic causation." Imagine our pleasure when we knew so great an authority as Dr. Waugh was with us. Our case ended happily, so did Dr. W's.

DR. M. G. PRICE.

Mosheim, Tenn.

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In experimenting with any drug the first question is as to its purity. This is vitally important in dealing with calcium sulphide, since it deteriorates rapidly if exposed to the air. Hence one should use one form of the drug in any trials that are to be compared, or whenever the size of the dose is in question.—ED.

HELP WANTED.

Editor Alkaloidal Clinic:—Will you or some of the brethren please give me a successful line of treatment for the following case?

Mrs. Mc.—, aged sixty years, intelligent, active, of dark, sallow complexion, apparently in fair health. For ten years she was constipated and dyspeptic, without pain, but had attacks of vomiting. She cured the constipation with sulphur, and her health was generally benefited by elixir of calisaya, iron and strychnine.

The present difficulty is due to shock from the death of a sister seven years ago,

and was made worse a year since by worrying over the illness of an absent son.

The attacks consist of a "sudden awful feeling of weakness and sinking in the chest, with fluttering of the heart that makes her think for a few moments that she cannot live." She says the feeling is hardly describable but frightening.

There is palpitation, but she does not attach as much importance to the heart as to the manifestations elsewhere near it.

The attacks do not last long, occurring mostly at night while asleep, and sometimes every night for a week. Some attacks occur during the day, even while she is perfectly quiet.

She suppresses her feelings and emotions during the attacks, fears to be alone, and does not inform her husband of her apprehensions of death. She says that diet does not make any difference in the attacks, as she has even tried eating raw onions to test it.

I have been treating her for a year, but do not see her often, as she lives twenty miles away. I have given her hepatic and general systemic alteratives, granules of hypophosphite of strychnine, tablets of iron, arsenic and strychnine, elixir of pepsin, bismuth and strychnine, takadiastase, granules of quassin and fluid extract of hyoscyamus.

Here is a case probably connected with a defect in the abdominal brain, through some lesion in the stomach, the treatment of which class with other symptoms I have not found to leave flowers in my path.

She complains of no other abnormal symptom nor is any apparent. She performs her daily routine of household duties.

The attacks are not very frequent, the last occurring a week ago.

W. J. CRAIGEN, M. D.

Cumberland, Md.

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The patient has organic disease of the heart; dilatation, fatty or some other form of degeneration. I would give her the

iodide of arsenic, gr. 1-67, four times a day, with from three to eight granules of cactus daily, and see that her bowels are thoroughly emptied and kept in proper condition. Be sure there is not a fecal impaction here.—Ed.

TWO UNIQUE CASES OF NEURASTHENIA.

Editor Alkaloidal Clinic:—Case 1—G. J., aged fifty-three; book-keeper; degenerate appearance; no anomalies of the vegetative or sexual organs. He has suffered principally with narcomania; had a constant desire to be under the influence of some drug, especially morphine, cocaine or alcohol; willingly took all medicines prescribed, because he liked drugs; especially did he like hypodermic injections; liked the pain of the injections. I availed myself of this to administer nitrate of strychnine hypodermically, also nuclein solution; these injections lessened his desire for alcohol and morphine, but only slightly for cocaine, which I forbade him. He then took wine of coca, but I substituted kola for this.

His firm failed in business, and so he took to the position of collector. The open-air exercise combined with the treatment resulted in a cure; although the desire for narcotics is feebly present, yet he controls it as he says: "To save my money for a rainy day."

Case 2—L., aged twenty-two; a robust, fine-looking youth, came to me complaining of neurasthenia. On questioning him I elicited that although his sexual system did not trouble him, yet he knew it to be out of order, "because he was not like other men," in fact he had no feeling for women. He denied that he had ever committed masturbation or any perverse sexual acts. He came to me because the night before his friends had set him on to have sexual intercourse with a woman, as a result of which he was suffering from sexual exhaustion.

The patient had been strictly raised, having been shown numerous repulsive venereal pictures with the intention of frightening him; this procedure had succeeded so well that he had gradually put away from him all sexual ideas, until he heard from a traveling lecturer that some women were addicted to masturbation, which fact he had not previously known. This caused him great uneasiness, and he vaguely suspected his sisters and female friends of such actions. He grew so morbid on the subject that at the mention of the word masturbation he became confused; and later on, simply any word with the sound of "mas." caused him confusion, developing in him a form of logophobia.

From his conversation I learned that he intended to establish his business in Mexico. I therefore urged him to do so with all haste, as I judged that the complete change, also the unfamiliar sound of the language spoken there, would tend to relieve the neurasthenia. After giving the patient general hygienic advice he departed.

Two years later he reappeared at my office, superb in health, free from logophobia, yet he still lacked feeling for women. He had abstained as usual from sexual indulgence and led a chaste life. He said that he had met a number of men whose feelings were similar to his own, and to his sorrow he had to report that many indulged in perverse sexual acts. He also said that such people were more numerous in the United States than in Mexico, a statement of which I have some doubt.

GABRIEL C. BOUDOUSQUIE, M. D.
Mobile, Ala.

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As to the first case I would suspect that the abstinence from narcotics may be simulated. Test the urine with chloride of iron and see if you do not get a green coloration. The devil does not let go his

hold on such a man when he has once gotten a clutch on his vitals.

The other man is in a fair way to become a sexual pervert. His attention has been too powerfully directed to this matter for chastity, and he is still comparing notes with enough other men to be able to establish comparisons between two countries. If his sexual apparatus is normal you had better get him married to some healthy, wholesome woman.—ED.

UTERINE POLYPUS: CHROMIC ACID.

Editor Alkaloidal Clinic:—I was called to a lady, aged thirty-five years, married several years without issue, never having been pregnant. There was no history of miscarriage or abortion at any time.

She was suffering at the time of my visit from a profuse metrorrhagia, attended with bearing-down pains and backache of uterine origin, simulating the pains of labor, though of less intensity.

The history showed she had suffered from this trouble for four years without intermission, and that with each returning catamenia the hemorrhage proved more profuse, and was fast telling upon her general physical condition, as evidenced by her extreme pallor and general debility. Specular examination revealed no erosion of either os uteri or cervical canal, or other evidence of diseased action in the vaginal canal; but it did show the hemorrhage to be of intra-uterine origin.

Sims' method of dilatation and exploration of the uterine cavity by sponge-tents was pursued.

Using a Sims speculum, the point of a long-handled tenaculum was inserted in the lower lip of the uterus and the uterus pulled to the vaginal outlet.

Through the dilated os a polypus the size of an English walnut was seen, having its attachment by a broad base to the fundus of the uterus.

A flexible uterine probe with absorbent

cotton was dipped in an aqueous solution of chromic acid, and a thorough application made to the visible portion of the tumor, at once arresting the hemorrhage. Two other applications of the acid at intervals of four days completed the destruction of the growth. Under the use of alkaloids, arseniate of iron, arseniate of strychnine and quassin, with a generous dietary, the case had a favorable termination.

PETER BINFORD, M. D.

Somerville, Ala.

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Some vaginal tissues will not bear ordinary solutions of chromic acid, and I produced several troublesome ulcers in finding this out. Dr. Binford does not tell us the strength of his solution, but before using any agent capable of affecting a polypus the vagina should be protected by cotton packing. A glass speculum is best for such applications, unless the doctor owns an electro-plating outfit.—ED.

SULPHIDE OF CALCIUM IN PHLEGMONOUS ERYSIPELAS.

Editor Alkaloidal Clinic:—I am a little more than three-score years of age, and have been a soldier in the medical ranks, fighting diseases in all their types, forms and phases, according to the best of my ability. I have lived to see two complete revolutions in medicine. When I first enlisted 'twas first, blood-letting, followed by calomel and jalap, cream-of-tartar and jalap, aloes, podophyllin and leptandrin, to unload the bowels. For a febrifuge, spirits niter dulc., potass. nitrate, tartar emetic, ipecac, etc. This was an improvement on the old Thompsonian method of teas, decoctions and infusions, so popular when I was a boy.

Later came the fluid extracts, normal liquids, specific tinctures, tablet triturates, etc., which were a grand improvement on all previous modes.

But best of all, last but not least, is the

more modern mode of alkaloidal medication. It is like the precious metal, the more you rub it the brighter it gets. It is certainly the grandest improvement of all. I enjoy the practice of my beloved profession now, and treat my patients with more confidence, pleasure and success than ever before.

I have been accused of running after strange gods because I have thus deviated from the old land-marks, but that is all right. Our Saviour was persecuted for righteousness' sake; so the world goes.

I have delayed writing because the CLINIC is always so replete with good, helpful and valuable matter that I would give place to the younger, abler and more talented correspondents. I have read medical journals of various kinds for many years, but will say of a truth that the CLINIC stands a peer to all of them. I am always anxious to get hold of it, and when I begin reading I do not want to quit until I get through. I just sit back, read, laugh and digest the good things that I glean therefrom. Thanks to our good editor for his earnest and honest, untiring efforts to furnish us with so valuable a journal. I trust he may live long and prosper.

I was sent for April 15, 1897, to visit my sister who lives in Joplin, Mo., who was not expected to live. Dr. F. wrote me they had amputated one finger and would probably take the arm off the next day, and would like for me to see her in consultation. I arrived about 8 a. m. the next day (Friday); found her as stated by Dr. F., in a very precarious condition.

She was taken on the night of April 4th, twelve days previously, with erysipelas in a very severe form. It began in a wound she had on her middle finger and traveled up, involving the whole arm and covering the scapula also when I arrived.

The middle finger had been amputated, but this did not avail anything. Her arm was suppurating freely and had in six drainage tubes. The arm was very red,

hot, swollen and painful. I suggested the following tablets: Calomel, gr. 1-5; ipecac, gr. 1-10; sodium bicarb., gr. 1. Direct: One every hour until four were taken, then one every two hours until we got thorough antibilious actions from the bowels. At the same time sulphide of calcium, gr. 1-6, granules, three; arseniate of strychnine, gr. 1-134, granule, one; arseniate of quinine, gr. 1-67, granule one; every hour until eight doses were taken, then the same every two hours, except to double the amount of calcium sulphide, giving six granules at a dose. At one o'clock a. m. her fever began to decline and went down rapidly; and by 9 a. m. Friday the 16th, her temperature was nearly normal; the bowels had acted three or four times freely, and the patient was decidedly better. We dropped the mercury and prescribed tincture of iron, ten drops every three hours, with arseniate of quinine, gr. 1-67, arseniate of strychnine, gr. 1-134; two granules of each every three hours.

From the first the case has improved rapidly and is now able to sit up and walk about the room. I neglected to state that we penciled around the inflamed surface with silver nitrate, and stopped the further progress, and applied an ointment of acetate of lead and lard over the inflamed area.

W. H. NEEL, M. D.

Mayfield, Kas.

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Why a finger should be amputated for erysipelas I cannot imagine. With pilocarpine for sthenic cases and tincture of iron for asthenic, this disease is as surely controllable as syphilis or ague. Did any one ever apply campho-phenique for erysipelas?—Ed.

JUGULATION OF PNEUMONIA. MENORRHAGIA AFTER MENOPAUSE.

Editor Alkaloidal Clinic:—Seeing several articles on the jugulation of pneumonia I will add my mite. On the 2nd day of

January, 1897, I was called to see a lady fifty-five years old (a Creek Indian).

Symptoms: Temperature 104 1-2; pulse 140; respiration 50 or more; sharp pain near the right nipple, with crepitant rales.

Diagnosis: Lobar "pneumonia" of the right lung.

Treatment: Antikamnia, in two-grain tablets, one to be given every two hours until the temperature fell to 100, then one every three or four hours to hold it there; also calomel, gr. 1-6, two granules every hour until bowels moved; and quinine arseniate, gr. 1-67, strychnine arseniate, gr. 1-134, codeine, gr. 1-67, of each six granules; water, one ounce. Direct: A teaspoonful every half-hour.

I left the patient in this condition (under a good nurse, however) at 3:30 p. m. Returning at 9 o'clock next morning I found her on a rocking-chair by the fire, temperature 97, pulse 73, respiration about normal, rales entirely gone and pain nearly so. Giving directions as to diet, I ordered acetanilid, gr. 1, six granules; quinine arseniate, gr. 1-67, sixteen granules; caffeine, gr. 1-134, six granules; codeine, gr. 1-67, six granules; in two ounces of water. Direct: A teaspoonful every hour until all are taken; with orders that I be sent for if the temperature went up or the pain returned.

One week later her husband walked into my office and settled the bill, saying his wife was entirely well and had been so ever since my last visit. Was I mistaken in the diagnosis or was the pneumonia actually jugulated?

I have a peculiar case on hand now. A lady, forty-seven years old, called me in as I was passing her home and told me she was suffering from intra-uterine hemorrhage, which on examination I found to be a fact. Four years ago she was supposed to have safely passed the menopause; her family physician decided so at least, and there had been no appearance of the menses since that time until the occurrence

in question. The fluid resembled the catamenial fluid and yielded to a sterilized glycerin injection.

I put the lady on a treatment of your uterine tonic, and quinine in tonic doses. The hemorrhage returns at irregular intervals of three days to four weeks, to be checked again by the carbolic acid and glycerin injection. I fail to find any satisfactory information in any of the standard text-books. Any suggestion by the editor or any one else will be duly considered and thankfully received. I have made a thorough examination and fail to find any reasonable cause for this trouble.

I was well pleased with the February special and hope our next may be devoted to uterine troubles, and that it may be issued at an early date.

W. R. HARPER, M. D.

Inola, Creek Nation, Ind. Ter.

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If Dr. Harper did not jugulate a pneumonia, it would be difficult to prove the negative. Some women have occasional flows after the menopause, and I would look out for a possible fibroid.—Ed.

HOW TO LIVE A CENTURY.

Editor Alkaloidal Clinic:—Man begins life in a gelatinous condition, and ends in a bony one, unless the term of life be cut



H. S. BREWER.

short by accident or disease. The human frame is soft in infancy and hard in old age. Ossification of the tissues begins early and is kept up until death, but the ossifying process becomes marked after middle-age is passed. Wherever the blood flows it deposits earthy matter, which affects all the physical organs and materially interferes with their functions when in excess. The heart and arteries are clogged by it and the result is imperfect circulation of

the blood, on which nutrition depends. Eminent authorities claim that if repair of the tissues by nutrition was not interfered with, life would be prolonged indefinitely, that the greater number of people past sixty suffer more or less from arterial ossification, which brings about obstructions in the proper and healthy circulation of the blood. The blood is produced by the food we eat, hence we must look to the food for the earthy accumulation which in time blocks up the system and produces old age.

Bread and meat, man's diet for ages, are after sixty the staff of death. Fruits, nuts and certain vegetables, with distilled water, should be the diet of all at that age. A few drops of phosphoric acid in water at meal-time will greatly assist in assimilating food. A good, hearty laugh, joyous and healthful surroundings, and man need not care or fear for old age.

The above was written at the suggestion of my great-uncle, who at ninety-eight has just taken unto himself a wife. He has the appearance of a man of fifty and is as active. I am a little fearful of his last move, as the woman is quite young and full of nervous energy. I am quite sure that his ideas as set forth in the above are scientific, as I am following his example and have good results.

HORATIO S. BREWER, M. D.

Chicago, Ill.

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The therapeutics of old age deserves to be written.—Ed.

SIMPLE DIARRHEA: ITS TREATMENT.

Editor Alkaloidal Clinic:—By simple diarrhea I mean those cases in which there is a derangement of function without anatomical changes, or involvement of the stomach, *i. e.*, which are not dyspeptic.

In these instances we have neither intestinal decomposition nor intestinal inflammation as the cause of the symptoms.

There is increased peristalsis depending upon local irritation, or of reflex origin, increased secretions, chiefly serous, and in most cases a moderate hyperemia. This is sometimes, judging from the symptoms, pretty intense. If the exciting causes continue operative, the case may go on to intestinal inflammation.

These symptoms may come on suddenly or gradually. If suddenly, there is usually some abdominal pain preceding the diarrhea. There are at first one or two soft, fecal stools, then they become quite thin and watery. There may be as many as eight or ten in a day. There may be restlessness, and there is nearly always a great deal of exhaustion and often a skin clammy from perspiration. But there is no vomiting and the temperature is not elevated. These two negative symptoms quiet at once the apprehension that may have been felt regarding a more serious illness.

In simple diarrhea of infants the stools are not often green, but are of a pale yellow or gray color; in older children they are thin and brown or gray, and in all there is more or less odor. If the cause has been some material acting as a foreign body, this may be found in the discharges.

If left to themselves many of these cases recover in from three to five days, but they also may develop into more serious forms of intestinal disease, particularly in summer. If the cause is not removed, there may be frequently recurring attacks, such as have been described, until chronic diarrhea is finally established.

The vast majority of these cases are easily and promptly cured if taken in season, and, as I remarked above, many of them recover in a very short time if left entirely alone. A proper management of these cases of simple diarrhea is one of the most important prophylactic measures against the severe forms of intestinal disease, and on no account should these cases be neglected because the child happens to be teething.

The first thing to be done is to clean out the alimentary tract, and this is best done with a dose of seidlitz salt, or of castor oil. Calomel or syrup of rhubarb may be given, but they are less certain and less satisfactory.

The main thing to be done after the intestines have been thoroughly emptied is to stop the peristalsis, and the sovereign remedy for this is opium in one of its many forms. I used to prescribe Dover's powder or paregoric in these cases, but since I began using alkaloidal granules I give codeine, or the granules of Dover's powder modified (Waugh), or for very young infants I give Waugh's anodyne granules. They are one of the finest combination granules I ever used.

If the case has been running for several days when I am first called, and I find some fever, with tenesmus, and a foul odor to the stools, I make up a preparation something like the following: Aconitine amorph., gr. 1-134, three granules; hyoscyamine, gr. 1-250, three granules; zinc sulphocarbolate, gr. 1-6, twelve granules; Anodyne for Infants, twenty-four granules; carmine, one granule; sugar, a teaspoonful; twenty-four teaspoonfuls of water. Direct: A teaspoonful every twenty or thirty minutes until the patient is better. This is for a child two years old. In older children I would use the granules of codeine instead of the anodyne granules.

In the matter of diet almost nothing should be given for twelve to twenty-four hours, and then for two or three days only food which can be almost entirely absorbed. The point is to keep the intestines as quiet as possible until the irritation has subsided.

Thin broth may be used, but no milk unless it be predigested or breast-milk.

Careful feeding must be kept up for a week to prevent a recurrence of the diarrhea.

In cases not yielding to the above treatment, bismuth subnitrate should be added,

but this will not often be required. The child must be kept quiet in its crib or carriage and on no account be allowed to run about until it is quite well.

J. W. NEPTUNE, M. D.

Chapman, Kas.

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Note that Dr. Neptune is describing a single phase of children's intestinal disease; and that he limits the use of opium strictly to the control of exaggerated peristalsis. This is its only true function, and it would be unwarrantable to jump to the use of this potent drug as a remedy for summer diarrhea, which it is not.—Ed.

THE THERAPEUTICS OF HERNIA.

Editor Alkaloidal Clinic:—I was called at 9 p. m. to a young man who had been endeavoring for two hours to reduce his right inguinal hernia, as he had often before done. Found the patient discouraged and nervous about the outcome, having lost his father after operation for the relief of a similar trouble.

Complaining of severe pain, I gave him morphine, grain 1-4, and atropine, grain 1-150, hypodermically; elevated the foot of the bed two feet, and after half an hour gave chloroform and "did taxis" patiently for half an hour. Failing, I began hot applications over the tumor, and an hour later, having begun with atropine and strychnine by the mouth, I removed the hot cloths, sprayed the tumor with an ethyl-methyl chloride tube for three minutes and again tried taxis for a half-hour. Again failing I turned the patient over to the nurse, with directions to keep him in position, to keep up hot applications and to give one granule each of atropine and strychnine every half-hour until the strangulation was relieved; but if not relieved by 4 a. m. to call me, as I wanted then to try taxis or do what might be necessary for his relief in time to get away by an early train to Washington. Calling

at the house at 5 a. m., I was told by the nurse, aroused from sleep, that our patient had gone out to his work, the hernia having returned at 2 o'clock.

Two years ago I would not have seen my way clear to leave such a case for an hour, but would have kept up an anxious watch, to the discomfort of both patient and self, and probably have called in help to operate in the morning, as I have done before. But Dr. W. C. Abbott gave me my call by the *CLINIC* of '94, page 55; Dr. Wm. Silberman, page 69, confirming the same and encouraging me to hopefully await the results of relaxing medication, position and fomentations.

Having no hyoscyamine at hand I simply adopted its synergist as above.

R. B. FISHBURNE, M. D.

Leesburg, Va.

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Let us hear from others on this point. The use of hyoscyamine is so clearly indicated that it should give good results in similar cases.—Ed.

GLOSSITIS: HELP WANTED.

Editor Alkaloidal Clinic:—I have a case of inflammation of the tongue and would like your views on the treatment. The patient is a laborer, thirty-five years old; condition not good; appetite poor; had rheumatism once, but has now no apparent remains of the same; no history of specific troubles. He has gone the round of doctors in the vicinity without any good results; and now comes to me for treatment.

I find the tongue inflamed, red, denuded of most of its epithelium, and covered by spots of coating. It is not so very painful except on the sides where cracks appear, and on the ends where small red spots are seen. The teeth do not seem to be the cause. The patient does not smoke, or drink alcoholics, and only chews tobacco sparingly.

This condition has resisted all treat-

ment for over a year. What treatment could you suggest? I have thought of Nuclein, free elimination by the kidneys and bowels, and the local use of mild healing and antiseptic remedies. Anti-rheumatic treatment may be worth a trial.

If you can suggest any treatment it would greatly oblige me, as I am the "new doctor" in town and would like very much to cure this patient.

O. W. CHAPMAN, M. D.

Louisburg, Kans.

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I am uncertain from the description whether it is a case of simple chronic catarrh or of glossitis dissecans. I would treat it on the former supposition, for if it is the latter you may throw up the sponge at once.

Note if there is any irritation from a carious, jagged or tartar-covered tooth, and have the dentist see to it. Then have the patient use a stiff brush on rising and after each meal, with a teaspoonful of Listerine in the cup of water. Use this as often as possible for a mouth-wash. Let him also use a one-grain tablet of zinc sulphocarbolate as a lozenge, allowing it to dissolve slowly in the mouth, about every hour in the day. It is disagreeable but non-corrosive and effectual. Chewing a piece of rhubarb root the size of a coffee-bean once a day is also useful. If these fail, apply silver nitrate to each spot, and use a corrosive sublimate mouth-wash, 1 to 1,000, very carefully, to avoid trouble. It is hardly possible the case will resist this array of remedies, unless it is glossitis dissecans, in which case I would try formalin, as all the old remedies have failed. Push the Nuclein (Aulde) in any case, and give pilocarpine, six granules daily. Fetid stools are evidences of too great a proportion of albumen in the diet. Fresh fruits and farinaceous articles should then be substituted, and these may relieve the difficulty, even without medicine. Podophyllin is indicated by dark, fetid stools.—ED.

SANGUINARIA. GUAIAIC.

Editor Alkaloidal Clinic :—I notice that several CLINIC readers are inquiring as to the use of sanguinaria. This was an old remedy thirty years ago. I always found it the best remedy for croup and whooping-cough, and in combination with cod-liver oil for bronchial troubles in adults as well as in children. The acetic syrup always gave most satisfaction. Dose, from one-half to one teaspoonful every three or four hours, when the cough is very hard. If given at too close intervals, say one or two hours, it is apt to induce vomiting, which in croup may sometimes be necessary. Equal parts of the above syrup and of cod-liver oil are very soothing to the irritable cough of bronchitis. Perhaps your alkaloidal granules of sanguinarine may prove serviceable in the same direction.

Some fifteen years ago I used ammoniated tincture of guaiac in about a score of cases of diphtheria; several of them so well-marked that the uvula was eaten off; and when liquids were swallowed, it was with difficulty they could pass down the throat without a large portion returning through the nostrils. These were all swabbed with the guaiac, and all recovered except one boy who lived in a swamp-hole and whose surroundings were extremely dirty and unwholesome. This was the only application used, and I took good care to apply it myself quite thoroughly at least once a day.

Constitutional treatment was confined to small doses of belladonna and aconite to control fever, and sometimes small doses of quinine and iron.

This last winter I have had several cases of what might have been mistaken for diphtheria, but which proved to be tonsillitis; and these from the beginning were treated with the guaiac locally, with quinine, belladonna and aconite to control the fever. Nine of the cases lasted over a week before being about again; although

every case was bed-fast, with local pains in the throat and intense fever.

Perhaps these hints may be of benefit to some of the CLINIC readers and enable them to feel as confident in their use as I do.

E. S. PAYNE, A. M., M. D.

Salt Lake City, Utah.

—:O:—

Dr. Payne will find his small friends welcoming the granules of sanguinarine instead of the syrup. But children take cod-liver oil with an avidity that is simply appalling to their elders. Shake the oil up with an equal bulk of orange syrup and at each re-filling lessen the syrup until they get the pure oil. You will create an oil-habit that will render it unsafe to leave a bottle in their reach. Morell Mackenzie used guaiac much in throat affections.—ED.

MORPHINE HABIT: HELP WANTED.

Editor Alkaloidal Clinic:—I take the liberty of addressing you in the interest of a physician in freeing him from the morphine habit. He has been using morphine for ten years; is forty-three years of age; six feet tall; weight 190 pounds; appetite good; sleeps well; is engaged in active practice every day; bowels regular; is now using about thirty grains a day by the mouth. He has never used any hypodermically, his mind is in good condition and his physical strength good. He will be directly under my care during the treatment of his case. W. W. D.

—:O:—

Frankly, I don't believe you can cure that man at his home. It is a serious case. He is at a critical age and is taking very large doses. Still if you wish to try, here is the best thing you can do. Reduce him rapidly, cutting the dose in half each day. Give him a teaspoonful of Melachol every two hours. If his heart shows signs of weakness, inject 1-4 to 1-2 a grain of spar-teine every four hours, alternating with

three grains of caffeine in hot water. If his stomach becomes sour give a teaspoonful of fluid extract of ipecacuanha, repeated once a day. Watch carefully, when he commences to suffer, for symptoms of underlying disease, and have a competent nurse with him every minute night and day.

This is the best you can do, and if he can be cured at home, this will do it. As to the use of electricity, alcohol, and especially hot baths, the progress of the case will show if they are required. Hot baths are generally useful. Great suffering requires washing out the stomach with a tube, using hot alkaline water, and hot enemas as well.—ED.

PHIMOSIS AS A CAUSE OF REFLEXES.

Editor Alkaloidal Clinic:—Dr. Mathews' want, page 292, May CLINIC, for his boy, takes me back to an experience when I was a first-course student trying to practise medicine.

I was called to see a boy at 10 a. m., who had been having convulsions since daylight. I used all the medicines I knew to control spasms without any appreciable effect. At 1 p. m. I advised his mother to send for a doctor. She said: Doctor, I've got as much confidence in you as in any other doctor. My boy is going to die any way, but I forgot to tell you that for several days when he makes water he grabs himself and screams.

I examined the penis and found complete preputial adhesion, with a pin-head opening in the end of the prepuce. I used a small-bladed forceps in dilating the pin-head opening, broke loose the adhesions, greased with sweet oil and threw it back. In ten minutes he was up and wanted to eat.

I never had to treat that boy for anything, for three years afterwards. His bowels which were always constipated, moved regularly afterwards. He gained ten pounds in two months.

His brother, two years his senior, was in nearly as bad a fix. They wouldn't let me operate on him then, and in two or three months afterwards he developed what most of us at my age in medicine then would diagnose as hip-joint disease. I uncovered the glans, and gave him calomel and quinine; and he was soon all right.

My youngest boy, now sixteen years old, never knew a well day after his mother died when he was two months old. He was bottle-fed, had continual bowel trouble, till about four years of age, when I operated on him for preputial adhesions. He has rarely been sick since.

I have had vast experience in this line, and don't know of a single case that failed to improve after the operation. Take the editor's advice on the medicine line, but examine for preputial adhesion, operate, and you will never regret.

F. M. LENNARD, M. D.

Atlanta, Tex.

—:o:—

Dr. Lennard gives good advice, and you will see he accurately distinguishes the true difficulty when he speaks of uncovering the glans, and not of removing the prepuce. Free the glans from adhesions and open it up so that it may be kept clean, but do not cut away the prepuce, which is intended to protect the sensitive glans from abrasion. And even the smegma has its use, as is well-known to the student of comparative physiology. I have not found as yet anything equal to Campho-Phenique for itching and excessive secretion of smegma.—ED.

PRURITUS ANI.

Editor Alkaloidal Clinic:—I have a little clinical experience with "Pruritus Ani," which is perhaps worthy of detail. This defect or abnormal condition of the innervation of the skin and mucous membrane is one of the most annoying of complaints, and one

in which rubbing gives no satisfaction except during the act. The *Materia Medica* has been drawn upon largely for relief of this trouble and surgery has come to our aid; but men shrink from the knife and cautery, and it is a question with them if it were not better to correct the refractory nerves than to extirpate them. For there is a satisfaction in all acts of nature when normally performed that go to make up the pleasures of life; hence we whose mission is to heal are called upon to apply or to suggest a panacea, and we must make no mistake if we hope to be called again.

My case was one of long standing: and my first suggestion was perfect cleanliness; and next, with the hope of obtunding the sensibility of the nerve, I prescribed potassium bromide, two drachms to one pint of water, and had the parts sponged two or three times a day with the solution. For a sedative and curative effect I applied the following ointment once or twice a day for three or four days: Calomel, one drachm; lard, one ounce. Then alternate with the following for the same of length of time: Tar, twenty drops; lard, one ounce. Regulating the bowels with seidlitz salt, and toning up the system with strychnine arseniate and Nuclein (Aulde), the result was immediate relief and a rapid cure.

I cannot say enough for the CLINIC and its many valuable suggestions. Among my many journals it is the one most eagerly looked for. It is a feast indeed. The effort of its indefatigable editors makes it a medium of present and lasting benefit, and brings us to realize that man does not live for bread alone, but for development, improvement and advancement as well as to exist. And development and advancement are things just as real as existence itself; for that which brings to our consciousness new ideas, which makes the mind bear good fruit, makes us more fitting members of a necessary profession, where ignorance is a loss and knowledge is the crowning

glory of success. "In union there is strength." Let us help each other.

T. R. WEED, M. D.

Cheshire, O.

—:O:—

Dr. Weed has done well the first part of his work. Now let him apply the same intelligent method to the cause of the pruritus; uricemia, oxaluria, sedentary habits, over-nutrition, etc. In a private letter to the editor, one of the greatest surgeons of America writes that he has got the best results in his own case by sponging with bichloride solution occasionally and applying Resinol liberally.—ED.

ADENITIS.

Editor Alkaloidal Clinic:—Ten days ago a thirteen-year-old boy was brought to my office. For four or five months he has been troubled with an enlargement of the lymphatic glands of the neck and left axilla, which enlargement has continued until, when I first saw him, there was a mass in the left axilla as large as your fist or larger. Those on the left side of the neck were about the size of a plover's egg, and there were three or four of them on the right side a little larger than buckshot. They were all more or less tender to the touch. He complained of severe paroxysmal pain just under and a little to the right of the left shoulder-blade, coming and going suddenly, and lasting from ten to sixty minutes. He has a dry, wheezing cough while the pain is on.

I put him on the syrup of iodide of iron and tincture of iodine locally.

Please give me the correct diagnosis and also the etiology of the trouble. There seems to be no other trouble in the system; the bowels are regular and the digestion fairly good. The family history is fairly good. One aunt is said to have died of tuberculosis.

After ten days he comes back with no improvement, but slight additional en-

largement of the cervical glands and considerable enlargement of the thymus gland.

What is the cause of the pain and the cough? If you will tell me what to do with this case you will lay me under many obligations to you.

T. E. CALLAN, M. D.

Fackler, Ala.

—:O:—

You have a case of lymphatic adenitis, possibly leucocythemia, the cause of which is not evident, but many of these cases are tubercular. I think from your description that one or more of the glands has suppurated. If so, you will get little benefit from treatment unless these are removed, when the remaining glands will subside nicely under the use of phytolacca internally and externally. Meanwhile I would continue the iodide of iron and give full doses of Nuclein (Aulde) with nutritious food. The cough is due to pressure.—ED.

MALNUTRITION: ECZEMA.

Editor Alkaloidal Clinic:—I have a young lady patient, about seventeen years of age; inclined to be anemic; menstruates three or four times yearly; very constipated; rheumatic; no appetite; has been treated a year by another physician.

Will Buckley's Uterine Tonic be a good thing for her.

I also have a very obstinate case of eczema in a man about fifty years of age; general health good. He has some eruption upon the hands and face but more about the scrotum. The itching is unbearable. I have used about everything I know of and still cannot make a permanent cure. What would you suggest?

A. H. BRUCE, M. D.

Walcott, N. Y.

—:O:—

Put your lady patient on Waugh's Laxative granules according to printed directions. Give her all she can stand. In addition to

this give Nuclein (Aulde), three tablets or ten drops of the solution three times a day.

There is no specific for eczema. Resinol is a good local application, and internally two granules of arsenic sulphide and two of Buckley's Sulphur Compound at 10 a.m., 3 p.m. and bed-time, with morning doses of seidlitz salt, should relieve and, if kept up, permanently cure this case.

The successful treatment of eczema lies in discovering the cause and removing it and its effects by proper treatment. Apply pure Campho-Phenique once, and follow with the Resinol.—Ed.

ETHYL CHLORIDE.

Editor Alkaloidal Clinic:—In reply to Dr. W. C. Kimbro's query, page 228, *in re* the use of ethyl chloride, I have used it lately in two cases of circumcision in adults with perfect satisfaction to both patients and to my own. One patient said: "It felt uncomfortable but was not painful." Neither left his ordinary occupation for a day.

I used it also in the case of a nervous girl, who had a badly ulcerated lower wisdom tooth.

I sprayed the exit of the inferior dental nerve behind the angle of the jaw and also the gum itself. As soon as the latter blanched the dentist used the bistoury freely and extracted the tooth without the patient experiencing any pain.

I was called out some weeks ago to see a girl who had had a lower molar extracted twelve hours previously; the bleeding was very persistent and profuse, but a spray of the ethyl chloride for about one minute stopped it completely, nor was there any return.

HUGH JAMESON, M. B.

Titusville, Pa.

—:O:—

This is a valuable suggestion; and the spray may be applied in other cases of hemorrhage.—Ed.

SPERMATORRHEA: HELP WANTED.

Editor Alkaloidal Clinic:—A young man, twenty-seven years old; stout, healthy and robust in general appearance; does not use tobacco or intoxicants, but for the past six years has suffered from sexual weakness. During that time he has permitted his mind to dwell constantly on sexual ideas, but has never practised masturbation or self-abuse; has never had gonorrhea, and is very seldom troubled with nocturnal emissions.

When under sexual excitement he has a gleet discharge; is easily excited; the erections at times are good but last a very short while; on attempt at intercourse premature ejaculation always takes place; he is easily fatigued and generally feels sleepy and lazy; the urethra is slightly sensitive along the prostate portion, but he can pass a No. 32 sound with ease.

There is a slight irritability at the mouth of the bladder. The prepuce is in good condition and the penis has a generally healthy appearance; his digestion is impaired, and he complains of lack of energy to do anything; his bowels are regular.

I shall be glad to hear from you at your earliest convenience.

What is the best treatment for nasal catarrh?

D. B. FIELD, M. D.

Manor, Texas.

—:O:—

This is a very difficult case, and for such I always advise sanatorium treatment, because we have such perfect control over them and the moral effect is so good. I would apply a very little drop of cantharidal collodion to the surface of the glans, and give him Nuclein (Aulde), strychnine arseniate and physostigmine in pretty full doses; say, a granule of each every hour until the effects are noted.

Let him bathe with cold water, sleep on a hard bed with little clothing, and keep in the open air through the day as much as possible.

I think a Whitney Exerciser would be useful, but the moral effect of leaving home and going to a city for treatment is worth more than all the drugs.—ED.

PRURITUS.

Editor Alkaloidal Clinic:—In reply to query on page 301 of the CLINIC, I can say that in my practice a never-failing remedy for pruritus and all itching and burning sensations of the skin is echinacea angustifolia, the fluid extract or specific tincture, one part to three of water. Apply on absorbent cotton to the parts affected.

It blows both hot and cold, as it will draw out either fire or frost. It has a wider range of usefulness than any single remedy I ever used.

DR. E. H. BARNHART.

Udall, Kans.

—:O:—

I have again found Campho-Phenique effective in relieving prurigo. The patient applied it in the full strength.—ED.

ENURESIS.

Editor Alkaloidal Clinic:—I notice on page 183, April CLINIC, a doctor's wife asks for treatment for enuresis. I have found the following to be good for many forms of bladder trouble: Strychnine sulphate, one grain; tincture of cantharides, one drachm; cinnamon water, to make six ounces. Direct: One teaspoonful three times daily, an hour after meals.

I wish to send my kind regards and high esteem to the active CLINIC family. I think one of the grandest features of the CLINIC is the ring of true Christian character and sentiment which many of the articles contain. No matter whether it is Epstein, who claims to be a descendant of Moses, or others who claim to belong to the family decended regularly from the time of Solomon, and who have gained the light of a more perfect day; we long to take such

men by the hand with the assurance in our hearts of the high honor of being ministering servants to God's own people.

DR. ROBT. A. AITON.

Waelder, Tex.

—:O:—

We are all brethren here, descendants of Adam and Eve; though it has been said that the serpent is responsible for the women.—ED.

AFTER-TREATMENT OF INFLUENZA.

Editor Alkaloidal Clinic:—Following that bone-aching fever known as the "grippe," we often observe a marked period of melancholy with low vitality and jaundice. Such a condition can be forestalled by the use of strychnine and sodium phosphate. If our patient is strong we can abort one of these attacks with pilocarpine, quinine and calomel; but when the patient is free from fever and able to take a little exercise, we should then use the strychnine and sodium phosphate.

The strychnine may be prescribed in pellets, slowly dissolved in the mouth. Beginning in the morning we should aim to affect the reflexes by noon, giving no more until the next day.

Give from one to two drachms of the phosphate of soda after each meal, and we find that our patient will recover his normal condition in less than a week. Should he fail to acquire an appetite in three days we may use cannabis indica to its physiological effect in place of strychnine.

Should insomnia complicate the case the writer has found bromide of ammonium more serviceable than the expensive patented drugs.

DR. E. E. BOYNTON.

Los Banos, Cal.

—:O:—

Strychnine is useful in the convalescence from influenza; but care must be taken not to give too much and exhaust the vital powers by over-stimulation. But always

give for effect; and I have found that strychnine arseniate can sometimes be given up to gr. 1-5 in twenty-four hours, without any evidence of over-stimulation. For many cases I prefer brucine. The sodium phosphate is a good selection.—ED.

PSORIASIS.

Editor Alkaloidal Clinic :—I am troubled with a sort of eczema, on my nose and both cheeks, with no pain, soreness, itching or swelling; but it is thin and scaly, with a little secretion sometimes. It is not very troublesome, but I fear it may become so later.

F. JORDAN, M. D.

Konatz, Texas.

—:O:—

I judge this to be a case of psoriasis, and if so it will prove obstinate. Apply an ointment of red oxide of mercury, five grains to an ounce of lanolin, with five drops of oil of rose added. Or, you may find glycerin with rose oil better if the skin is dry and scaly; or still better, touch the spot twice a day with pure Campho-Phenique, and then apply a little Resinol or Unguentine.—ED.

FOOD AS INFLUENCING CHARACTER.

Editor Alkaloidal Clinic :—The quotation from Rosa Abbott in the May CLINIC in which she says; "If one eats pork he thinks pork," is a statement I would very much like to see substantiated by facts.

It reminds me of a query put to the editor of the *New York Times* many years ago, *i. e.* : "Can a people whose main diet is hog rise to greatness?" The editor assumed to answer it by citing the great city of "Porkopolis" and referring to the many great men whom Ohio had sent out, without proving that their individual diet was pork.

Probably over ninety-nine per cent of the inhabitants of this state saturate their

interiors with hog-oil thrice daily, yet as a mass they are a very far remove from the rough and boorish classes of the same station at the north, which indeed are not represented here at all. As a matter of fact the Floridians are a more quiet, docile, gentle and forgiving people, remarkably forgetful of imposition and past wrongs, than the most highly cultured and pride-soaked Christians of the north.

I say this as a New Englander and old resident of New York city. I know that some prominent spiritualists, phrenologists and vegetarians hold that meat, even of the gentlest animals, possesses some sinister psychic influence, aside from its irritative or temperamental effect. The claim of the savage who devours the raw heart of his enemy for such an influence may have foundation in fact, for it certainly would in the case of a psychometer who needs but to touch it with his fingers; the heat of cooking, however, must dissipate any such subtle properties, as it does the psychic influence of Baraduc's magnetized crown and of the magnetic needle also.

This has been a serious and life-long question with us, for although we have read much in such literature as the subject is discussed in, we have met with nothing relating to its mental or moral side, as pork may differ in effect from any other fat, beyond what might be called sentiment, or a prejudiced opinion. We own to being prejudiced toward everything pertaining to the animal, but have no right to obtrude our erratic notions against time-honored customs without collateral supporting facts.

About all we know of its benefits is, if one can assimilate it—which probably not one in a thousand can—it makes such a hard fat that a prize-fighter would be proud of it. True, fat is nerve and brain-food, organs intimately associated with character, but lean is even more so, and the lean of pork consumed is practically nil.

If Americans expect to become the foremost nation of earth, this, as well as every

other question relating to their diet, should be a national one. Can any one give us more light?

H. RICE.

Arcadia, Fla.

—:0:—

Nothing is easier than theorizing, unless it is making deductions from insufficient premises. No state or section possesses a monopoly of the kindlier qualities of humanity; and if my recollection serves me rightly those of our northern citizens who toured in the South some thirty-five years ago did not find the men there altogether as inoffensive as our correspondent describes them.

Does any one know any facts in regard to the effects of diet upon character, apart from the preconceived views of the fad-dist? If so, let us hear from him.—ED.

PRURITUS VULVAE.

Editor Alkaloidal Clinic—What will you suggest for a case of pruritus vulvæ?

G. M. SULLIVAN, M. D.

La Belle, Mo.

—:0:—

Pruritus vulvæ usually means both a local, vaginal or uterine (or both) disorder as well as a constitutional dyscrasia. Try Tyree's Antiseptic Powder as a douche, Resinol as a local application, with Abbott's seidlitz salt for constipation, and general tonic measures. You will find Resinol and Tyree's powder advertised in the CLINIC. Each will send you a sample if you will write mentioning the CLINIC and saying that we recommend the goods.—ED.

SCIATICA.

Editor Alkaloidal Clinic:—I have a case of sciatica in a brother practitioner, about middle age. He has practised on horse-back almost all the time. He first had pain in the plexus of nerves in the small of the back, now in the hip, thigh, knee and foot.

I have tried bryonin, as many as four granules three times a day; colchicine, six granules three times a day; glonoin, six granules three times daily; Aulde's Nuclein, in large and repeated doses; salicylate of sodium and iodide of potassium, without any benefit that I can see. I am now using electricity, uninterrupted current.

What else shall I do? I want to hear from you and the other doctors. Let them give me all the information they can.

G. M. ANDERSON, M. D.

Tanglewood, Texas.

—:0:—

He ought to have massage along the sciatic nerves, and give up riding. Phosphorus, gr. 1-67; strychnine arseniate, gr. 1-30; quinine, gr. 3; and arsenic iodide, gr. 1-67, in capsules; three times a day for a week, would be my suggestion. Then replace the phosphorus with rhus, and apply chloroform, aconite and camphor liniment freely.—ED.

PSORIASIS.

Editor Alkaloidal Clinic:—How do you cure psoriasis? I have just taken charge of a case in a man aged forty years; married for several years. The disease commenced on the back of his neck three or four weeks ago. It has spread over the entire surface of the trunk and extremities. The flexor sides of the elbow and knee-joints are covered with scales; the skin is brawny and much reddened; erythema very marked; much itching.

The patient is a farmer; his general health is not bad, but there is some loss of appetite, and some irritation of the stomach, which I am inclined to attribute to his having taken for two weeks Fowler's solution, thirty drops each day.

J. M. W. CANNON, M. D.

Kidder, Mo.

—:0:—

I don't wonder his stomach rebelled. I would apply carbolic acid ointment for a

week, then follow with the ointment of white precipitate for another week, and then again with an ointment of glycerin and boric acid. Give also iodide of arsenic, four granules every day. It is a troublesome disease, but I have succeeded with such treatment. Let us know the results.

—Ed.

NUCLEIN IN MENTAL DISEASE.

Editor Alkaloidal Clinic:—Will Nuclein benefit hysterical insanity or other cases of mental aberration?

DR. B. F. FEW.

Greers, S. C.

—:O:—

Nuclein certainly may benefit hysterical insanity or any other mental or physical condition, just in so far as it is dependent upon a lack of this agent in the system, weak, inactive white blood-corpuscles, or an insufficient number of white blood-corpuscles. It is well to try it anyway, combining its use with other tonic reconstructives, like strychnine arseniate, iron arseniate, etc.—Ed.

TWITCHING EYELIDS.

Editor Alkaloidal Clinic:—I have a daughter that I would like to consult you about. Age twenty-four; attended school five years at the "Collegiate Institute," Hackettstown, N. J., and graduated with honor about two years ago. Her right eye became affected about three years ago, so that she cannot see much out of it, with weakness and pain in the eye when much used. I took her to Agnew and Webster in New York city. "Astigmatism and weakness of optic nerve." She had a squint or strabismus in that eye from childhood. The doctor cut the muscle of the eye, relieving the squint; but, from that time on she has had a muscular quivering of the eyelid extending over part of the right side of the face.

The doctor pronounced it a form of

chorea and we have used arsenic, bromide of arsenic, and bromide of zinc. Glasses she has worn for several years and I have paid out over \$30 for glasses of different kinds ordered by Dr. Webster.

We have used iron, quinine, nourishment, rest, etc. Just now got over the grip. What about electricity? I have a "Smith & Shaw closed-cell, pocket battery," but do not know how to use it in this case, even if it would be of benefit.

R. G. MAINES, M. D.

West Milford, N. J.

—:O:—

I think mild faradization would be useful, the positive pole over the eye, applied with cotton, the negative pole to the back of the neck, the current too mild to be disagreeable. Apply it at first five minutes every day, gradually increasing to fifteen. Get her to open the eye in cold water so as to lave the ball several times a day. Keep the bowels regular and let us know how this does. I would not use muscarine unless this treatment fails. Give her macrotin and helonin; of each twelve granules every day for two weeks, and note results.

—Ed.

NUCLEIN IN RHEUMATISM.

Editor Alkaloidal Clinic:—I have two special cases, one a rheumatic (has been); he is about over it now, but in a badly debilitated condition.

Another is a bad case of jaundice, that has been on for two months.

Anything special on the cases above will be appreciated.

H. D. SYKES, M. D.

Milwaukee, Wis.

—:O:—

Give your rheumatic patient Nuclein (Aulde), three granules; strychnine arseniate, gr. 1-134, one granule; and iron arseniate, gr. 1-67, one granule, together, every two to four hours. Keep his bowels open with seidlitz salt and feed him well.

About the same line of treatment will help the jaundice case if you haven't a malignant condition. Better look to that before it goes too far.—ED.

A SICK BABY.

Editor Alkaloidal Clinic :—The following case having passed through the hands of four physicians, with no good results, has just come into my hands, and I want your help. Child six months old; sick last three months; weeping continuously as if in pain; has had no fever; bowels move three and four times a day, frothy and slimy, with undigested food. Mother holds she is not in family way. Please advise me.

J. S. WALLING, M. D.

Coopersville, Mich.

—:O:—

"The child would not cry if not in pain, and what you say of the stools is enough to explain the trouble. The child has muc-enteritis and should be put at once upon the following treatment: First a cathartic dose of castor-oil; then dissolve in twenty-four teaspoonfuls of warm water, two granules of strychnine arseniate, gr. 1-134; two of copper arsenite, gr. 1-250; and twelve of Nuclein (Aulde), gr. 1-12, with two to four of saccharin to make the solution pleasant to taste. Of this give one teaspoonful every half-hour for six doses, then every hour during the day when awake.

I infer that the mother, fortunately, nurses the baby. This being the case, insist upon her nursing it only every two to three hours (never oftener) during the day and only once at night between 10 p. m. and 6 a. m. and better not at all. Abundance of pure cold water should be given between the intervals of nursing. One granule of atropine, gr. 1-250, might properly be added to the above prescription. Doctor, if you will keep this up a sufficient length of time, with such modifications as the changing symptoms may indicate,

giving careful attention to the feeding, you will certainly cure the case. Otherwise, if it goes on in this way into the hot weather, the little baby will pine away and die.

If the stools get bad and offensive again after a few days, repeat the castor-oil and stop feeding for six to twelve hours, during which time you should give the prescription with the frequency first indicated. Please carry these suggestions out as carefully as you can and let us know the result.—ED.

NUCLEIN IN MALARIAL POISONING.

Editor Alkaloidal Clinic :—Some days ago I received the samples sent. Having just taken charge of a most trying case of chronic malarial poisoning, I began the very next day with the Nuclein tablets, two at 10 a. m., 3 p. m. and bed-time, with one granule of strychnine arseniate, gr. 1-134, every four hours. The results were so very satisfactory that I am exceedingly anxious to test the remedy further.

J. F. SIMS, M. D.

Rock Falls, Okla. Ter.

—:O:—

I am delighted with your clinical report. Please let us have others just like it, short, sweet and to the point. Nuclein is a great addition to our weapons of warfare.—ED.

HYSTERIA.

Editor Alkaloidal Clinic :—In reading the article on hysteria, by Dr. Stanton, page 339, June CLINIC, I became more than usually interested; and wish to state that for the last two years I have employed hypodermic injections of apomorphine in hysteria, which has given immediate relief in every case in which I have tried it.

Have never tried the "bitter taste," but think it worthy of trial, at least in some cases.

Yet I feel pretty confident the apomorphine treatment is the surest, and the

doctor will not need to remain long with the patient, as it is no trouble for the patient to open her mouth in a few minutes after the hypodermic has been administered.

A. L. ROSEBOROUGH, M.D.
Hanover, Kas.

—:O:—

We approve of the apomorphine treatment heartily. It works like a charm. We have used it for years. It is safe, quick and certain.—Ed.

A CANDID OPINION.

Editor Alkaloidal Clinic:—I herewith acknowledge receipt of your letter of June 4, which would have been answered earlier but for business preventing; also copy of your "Brief Therapeutics and Suggestions for Clinical Application," for which accept my thanks.

I appreciate the suggestions very much I assure you, and being often in a receptive mood, and in need of help, consult its pages, and take in small (?) doses of its accurate information, frequently repeated, for direct effect, and get it and satisfaction every time.

I congratulate you not only on the success of your effort in producing so concise and helpful a book, but on the advanced methods and attractive way you have of introducing yourself and business to the medical profession.

I like the idea of alkaloidal medication because I like rifle-shots, and the finer the charge and the more accurate the "shooter" the better I am pleased.

I do not, however, prescribe the alkaloids exclusively, though favoring the idea. Whenever I can feel assured of their producing the effect desired, I choose them.

Some I have tried have not appeared to me equal to some other preparation of the drug they are supposed to represent all the therapeutic value of, consequently I select that which I have found most satisfactory.

I may furnish you for publication if you wish, some of my experience, and estimation of the comparative merits of alkaloidal with other medication, when I can get time for it, and am assured that objections to as well as praise of the alkaloids will be given a place.

I again thank you for the booklet and other good things received from you.

J. D. ELY, M. D.

Toledo, O.

—:O:—

We are pleased with the doctor's kind words, but beg to advise that the alkaloids and active principles do not necessarily represent all the therapeutic value or activity, good or bad, of the drug, from which they are obtained, and the sooner the profession gets this notion out of their heads the better.

They are single therapeutic agents, often derived from very complex drugs, and must be learned and used as such. Gelseminine must be learned and used as gelseminine and not as gelsemium; digitalin must be used as digitalin; morphine as morphine, etc., etc. Don't hold the active principles responsible for that of which they are not guilty.

We shall be glad of your criticism, Doctor. Be sure you are right, then go ahead.—Ed.

ZOMAKYNE.

Editor Alkaloidal Clinic:—In glancing through the June CLINIC, preparatory to settling down to the feast of good things it always presents to its readers, I notice that you ask some one who has used Maltby's Zomakyne to tell the CLINIC about it. To this request I respond with great pleasure, having used it very largely during the past three years, and I have yet to meet with my first disappointment with it. I have used it in all forms of acute and chronic pain, and always with good results.

I have never seen a single bad symptom follow its use, even when given in large, frequently repeated doses.

My usual mode of prescribing it is to give a five-grain tablet every fifteen or twenty minutes for three or four doses, and then every one, two, three or four hours, according to the urgency of the case or the severity of the pain.

I can unhesitatingly recommend it as a substitute for any of the coal-tar preparations, and am satisfied that anyone who becomes familiar with it will throw aside the others in its favor.

So far as my experience with it goes, it is absolutely without depressing effects. No other drug in my case is so generally useful or prescribed as frequently. Its range of usefulness is, of course, well understood, and it is therefore unnecessary for me to enlarge upon it.

JAMES A. FRASER, M. D.

Gaylord, Mich.

—:O:—

We have several replies like this, which is a fair sample of the estimate in which Zomakyné is held by our readers.—ED.

CALPHENOL IN SURGERY.

Editor Alkaloidal Clinic:—Herewith we hand you a copy of our advertisement for the July number of THE ALKALOIDAL CLINIC.

We have positive evidence of the wide circulation of the CLINIC in the number of inquiries that we are receiving from nearly all of the states and from Canada, in which our advertisement in the CLINIC is mentioned. Some of these, of course, write from curiosity, while the live, energetic surgeon of the times is searching for those things which are both conducive of convenience to himself and comfort to his patient, and our confidence in Calphenol to do this thing and to do it well, has induced us to offer free samples. If this dressing is good, the medical profession will admit it in time and indorse it. We know that

we are contending with a widespread prejudice against oily dressings, and there are good reasons for this opposition, but after thirty years of careful experimentation in this particular line, and in the preparation of the different parts of this dressing, we are offering it to the surgeons with confidence that the results from its use will overcome these objections.

Dr. W. H. Lincoln, Wabasha, Minn., after thoroughly testing it, says: "I never saw its equal. It entirely overcomes the objections to an oily dressing, and its superiority must be admitted by every surgeon who knows a good thing when he sees and uses it." This expresses the opinion of hundreds of physicians from whom we have received letters during the past two years.

The writer assisted Dr. H. B. Cole in a surgical operation, which we would like to report if the doctor's name wasn't Cole. The man was working in a saw-mill, and his hand was caught on an edging saw, cutting the thumb off and through the inside of the hand to the bones, but not cutting the bones. The thumb was amputated at the upper joint, the arteries tied up and the parts sewed together. Nothing but Calphenol was used as a dressing, and as the man lived several miles from town his hand was only dressed every other day. The surprising part of it is that there has been positively no swelling, the wound has always been perfectly clean and clear from pus-formation, with an entirely healthy appearance. The wound shows as clean as though freshly washed, the bandage never sticks, the appearance is entirely satisfactory and the probability is that the man will have comparatively good use of his hand. These cases frequently come to us, but you will readily see that we can't report them.

When next in Chicago the writer will make it a point to see you, and more fully explain Calphenol, providing of course, that you care to learn the particulars re-

garding the manufacture of its different parts.

J. W. COLE & Co.

Black River Falls, Wis.

—:O:—

This from a personal letter contains information of interest and value to our readers, and we reproduce it with apologies to the writer. A good story should not be spoiled for relation's sake, or a testimonial for Calphenol because the users name is "Cole." Let us give this preparation a fair trial. See ad. on another page and ask for a free sample.—ED.

ACUTE BRIGHT'S DISEASE.

Editor Alkaloidal Clinic :—Please tell me what you would advise in a case of acute Bright's disease. Do you think Aulde's Nuclein solution would be of service, with other medication?

DR. H. W. NUNGASSER.

Falls Village, Conn.

—:O:—

Nuclein (Aulde) is very helpful in Bright's disease. I would also give in connection with it iron phos. gr. 1-67 and strychnine hypophosphite, gr. 1-134; giving, say, three granules of Nuclein and one each of the other two every two hours, or three times the dose three times a day before meals.—ED.

INJURY TO BRAIN AND CORD.

Editor Alkaloidal Clinic :—I am well pleased with the CLINIC, and find the alkaloidal medicines, so far as I have tried them, far superior to the common drugs. Yet I am young in the business, and, like many of your readers, I want help.

I have a case that recently came under my care, a young man, aged twenty-four years, who was thrown from a horse on the 9th of December, 1896, and was unconscious for three weeks afterwards. The accident happened in the Indian Territory. I learn that the doctors who attended him stripped

him and could find no bruises or abrasion.

When he first came under my care there was soreness in the region of the first cervical vertebra; dimness of vision, worse in the left eye, and he cannot see as well when looking towards his feet as when looking up; muscular weakness, worse in the left arm and leg; gait unsteady, and, in his own language, he feels "very foolish in the head, sometimes too light and sometimes too heavy." There is no abnormal condition of the eye of any consequence. Temperature about normal. Diagnosis: Cerebro-spinal injury. Treatment: Chloroform liniment over the first cervical vertebra; nux vomica and iodide of potassium; dilute phosphoric acid; nitro-glycerin; cold water to the spine at night, drying with brisk friction; and to keep up a degree of warmth his whole left side is rubbed with tincture of capsicum; quinine three times a day, and his bowels kept open with a mild aperient.

Please suggest.

L. J. FOUNTAIN, M. D.

Golden City, Ark.

—:O:—

There has been an effusion into that part of the brain where the center for vision is located, on the left side. The treatment now is to promote absorption by the iodides, and then awaken the nerves with strychnine.—ED.

JABORANDI FOR ERYSIPELAS.

Editor Alkaloidal Clinic :—I would like to know if Waugh uses jaborandi in erysipelas yet. I have used it upon his recommendation with good results. Some day when I have more time I will jot down a few things that I have learned to be useful and send them in.

C. M. RICE, M. D.

Newton Falls, O.

—:O:—

I look on pilocarpine as specific for sthenic erysipelas, as the tincture of iron

is for the asthenic form. Please send in your report, Doctor, we want all we can get to help us cure people. But I am not baring out Nuclein or calcium sulphide, which will bear watching; or Campho-Phenique locally.—Ed.

ETIOLOGY OF SUMMER INFANTILE DIARRHEA.

Editor Alkaloidal Clinic:—If we look over the diseases common among children which occur during the hot summer months, it will bring us to the conclusion that hot weather is to be dreaded because of the frequency of morbid conditions of the intestinal canal, which is much more frequently met with in city than in country practice.

This leads us to search for the cause of such ailments, without which it would be impossible to treat the condition from a scientific standpoint.

Whether we are to deal with a specific microbe is not definitely settled, but that micro-organisms have their influence is beyond a doubt.

If it was not for the action of the leucocytes, nature's barrier against the invasion of these bacteria, we would be constantly in jeopardy.

Let's see! we have a child here starting into its first summer, well nourished and in apparent good health, except that it is constipated; a stopping up of that important passage that is to act as a drain to carry off the refuse or sewage of the system. Hence we have a stagnation and accumulation of the toxic elements, which, by reabsorption into the system, acting on the centers of the medulla, cause the variety of phenomena so common among children during their summer sickness.

Can we observe these symptoms without searching for the cause? And to learn the cause will suggest the treatment.

So often have I observed the over-fed child, that I look to this cause as one of

the most important factors in infantile diseases.

The importance of impressing the mother with the necessity of regulating the interval at which the infant should nurse, and the quantity he should receive, cannot be too strongly impressed upon her. Putting the child to the breast every time that it is restless or cries, regardless of time or quantity, is also an important cause that leads to the so-much-dreaded thermal derangements.

This associated with the hot and stifling atmosphere, emanations from the decaying vegetation acting on the tender nerve centers, together with the fermentation and decomposition going on in the intestinal tract, it is not surprising that intestinal trouble is so fatal among children.

J. W. NIXON, M. D.

Soldier, Kas.

REPORT FROM DR. SEAY.

Editor Alkaloidal Clinic:—I find in the April CLINIC the answer to my letter. My condition is very different from what it was then. After twenty-two nights of vomiting from 9 till 12 o'clock, I became satisfied that my bowels were impacted, and as the fountain syringe brought away only colored water, I determined to do something more for myself. I had been living on milk, soft-boiled eggs and the juice of rare beef-steak. Bread was refused me even by my homœopathic friend, and laxatives and purgatives were refused by all of them.

On the morning of the twenty-third day I took nearly half an ounce of Crab Orchard salts in a tumblerful of water, and repeated it after six hours. I also took podophyllin, gr. 1-8; aloin, gr. 1-10; strychnine arseniate, two of your granules, repeating them twice the same day. They made me very sick, but I had a discharge of four or five scybala, up to 10 p. m., which were very hard and gave much pain in passing through the sphincter. I slept the remainder of the

night. Continued the granules. About 10 a. m. the next morning a very large and hard mass came down and could not get out. The pain was agonizing. I took my bullet probe and directed my nurse to dig out the mass. After ten or fifteen minutes it went back to return about the same time. After returning to the bowels five times we succeeded in getting it out about 2 p. m.

That night from 8 till 12 I went through the same process, and it was repeated the three successive nights in the same way. After they came away each night I took an enema of starch and laudanum and slept. The podophyllin and aloin with strychnine arseniate were kept up; in all, four days.

My homœopathic friend came in to see me the fourth day, and acknowledged he had not seen a similar case in his life, and agreed that I should have plenty of bread in the future. I am using the whole-wheat bread from a superior bakery.

My bowels behave very well. Having found my bottle of Waugh's Anti-Constipation pills, I take enough to procure one action daily.

In the suggestions given me in the CLINIC for April, page 211, I am advised to use sulphocarbonate of soda. I think I still need it. Also, Nuclein tablets or solution with special dosage, and quassin, as I have reduced in flesh thirty-five pounds, and have strength to walk only fifty yards with a stick. My diet consists of sterilized milk, whole-wheat bread and eggs. I have just begun to take Armour's glycerin and red marrow, and find it palatable.

JOHN SEAY, M. D.

Nashville, Tenn.

—:O:—

Well! I have been preaching so earnestly the necessity for keeping the bowels free, and the difficulty of doing this in some cases, and here is another case to prove it. I have always wanted to inject a pint of coal oil in such a case, and never had the nerve. It is said to break up impactions magically.

Doctor, you went at it just right and the results warranted the effort. I trust that Waugh's Laxatives will keep your bowels in good shape from now on. If they do not you had better have your sphincter dilated thoroughly.

With this to keep the bowels open and sulphocarbonate of soda to keep the canal clean, Nuclein (Aulde) with the strychnine in the laxative as general tonics, will, I believe, carry you on all right. The quassin you suggest is a good addition. Let me advise you that you stop sterilizing the milk. Use good, pure milk and eggs, and bread made from Franklin Mills flour of the entire wheat and lots of it, and you will pick up all right.—Ed.

NOCTURNAL ENURESIS.

Editor Alkaloidal Clinic :—I want some help in a case of nocturnal enuresis, which has so far baffled all my efforts.

J. W. FORTUNE, M. D.

Piqua, O.

—:O:—

For nocturnal enuresis, the cause being removed, give a large dose of strychnine and atropine at bed-time—say to a child of ten about gr. 1-100 of each; the purpose being to dilate the skin capillaries and relieve spasm with atropine, while the sphincters are toned up with strychnine. The strychnine may well be continued, one granule three times a day; and if the patient is pale the atropine may be given also.—Ed.

ENURESIS.

Editor Alkaloidal Clinic :—May I add a little to your article in the April CLINIC on enuresis? Not as a critic, but supplementary if you please.

If I mistake not, this exceedingly disagreeable habit, for habit it is, is a reflex neurosis, with its origin usually in the alimentary canal.

In my experience of nearly thirty years I have found very few cases caused by congenital degeneracy. Most of the ills of childhood originate in the abuse of the alimentary tract, and enuresis cannot be counted an exception; especially when the trouble begins as late as the fifth or sixth year; By improper food and neglect of the bowels the mucous membrane of the stomach and bowels is sufficiently irritated to cause an over-secretion of thick, tenacious mucus. In this mucus, retained in the folds of the bowels, parasites often germinate. Nervous manifestations of various kinds are the result. A good course of calomel and santonin to thoroughly free the canal from mucus and from parasites, if they exist, will often alone check the habit if not of too long standing. If it seems necessary I follow the above course, with a mixture containing rhus-aromatica, atropine and ergotin, sometimes also adding the bromides if I think the case demands them. Of this mixture I give three morning doses at 6, 8 and 10 o'clock. If the case is of long standing I repeat the calomel and santonin occasionally, to make sure of a clean alimentary canal. The bowels must be kept free, as costiveness is the rule. The evening meal is restricted to a light, easily digested supper, not later than 6 o'clock. When possible I have the patient sleep upon a hard bed and upon his side, never on his back, with a small pillow, if any, for the head. Treatment must not be too early withdrawn, especially in chronic cases, or the habit will return.

I beg pardon if this my maiden contribution to your journal seems too long, but I should like to suggest to Dr. Garey that he give his daughter a five-grain tablet of extract of cascara sagrada, three times a day, until an easy evacuation is produced daily; then drop the morning tablet, then the noon one, continuing the evening dose three to six months, or until the muscular coat of the bowels has

gained good tone, and the habit of regular, daily evacuations shall have been fully established. Instead of the morning tablet, if preferred, a full dose of seidlitz salt may be given, as this will soften the contents of the lower bowel.

CHAS. N. COOPER, M. D.

Campbell, Cal.

—:O:—

I know of no reason why the editor should not be criticized as well as anyone else. Leadership I have always disliked, fraternity I crave. There is not a reader of the CLINIC who is not capable of instructing us in some points, and for such enlightenment we are earnestly desirous.

Dr. Cooper has rightly appreciated the problem of enuresis, and we are sure that others could supply material neither he nor I have touched upon.—Ed.

HELP WANTED.

Editor Alkaloidal Clinic:—I wish your help in the following case: W., sixty-three years of age. Six months ago he complained at times with sharp pain in the end of the penis at micturition, and lately both corpora cavernosa, including the glans, and extending over about three inches of the penis, will take no part in erections whatever. During erection the member is drawn very much to one side, owing to that side being affected the most. It is very annoying to the patient.

J. W. WYATT, M.D.

Brazos, Texas.

—:O:—

There is inflammation of the organ. I would advise you to apply mercurial ointment to the part affected, constantly, night and day, and give the biniodide of mercury, gr. 1-67; and iodoform, gr. 1-6, every hour while awake, until he is better.

I believe it is a specific trouble, the relic of an old misfortune. Let us know how the case comes out.—Ed.